

Name
in
Full

Catherine B Alderton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Brun Ridge</u>		Town <u>Brun Ridge</u>		County <u>Allegany</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>Apr</u>	Day <u>29</u>	Age <u>56</u>	Years <u>56</u>	Months <u>2</u>	Days <u>-</u>	
Sex <u>Female</u>	Color or Race <u>White</u>			Birth-place <u>Allegany Co Md</u>			
Occupation <u>House Keeper</u>			Where Residing if not at place of death <u>-</u>				
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>John Alderton</u>						
Father's Name <u>Wm Slider</u>			Father's Birthplace <u>MD</u>				
Mother's Maiden Name <u>Nancy Kifer</u>			Mother's Birthplace <u>MD</u>				
Name of person giving information <u>Alva Alderton</u>			How related to deceased <u>Son</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>66</u>	How long
Immediate <u>Pneumonia</u>		How long

Are the name, age, sex, color, date and place correctly given above?

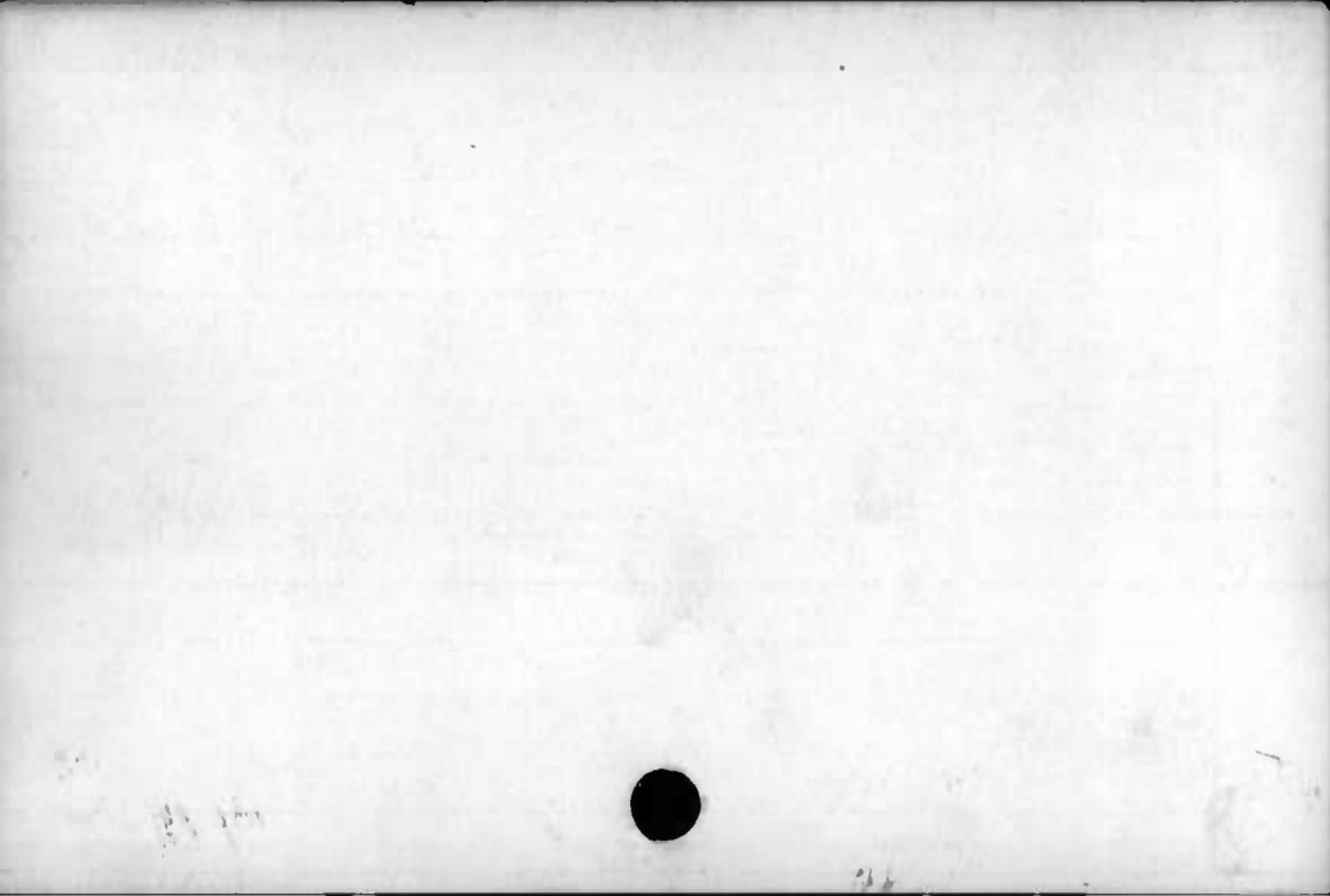
Signature of Physician

Lev F. Hoberman
oldton MD

Address

Accident or Suicide?

8



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Howard L. Andrews,						CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND			
Date of death 190	Month	Day	Years	Months	Days			
Sex	Color or Race	Age	Birth- place	Name				
Married, Single or Widowed	Occupation		Name					
Name of Wife or Husband								
Father's Name	Howard Andrews			Father's Birthplace	Baltimore			
Mother's Maiden Name	Jane Waddell			Mother's Birthplace	Lonaconing			
Name of person giving Information	Howard Andrews			How related to deceased	Mother			

CAUSES OF DEATH

152

How long

Primary

Premature birth (8 mos)

Immediate

Asphyxia

How long
Sudden

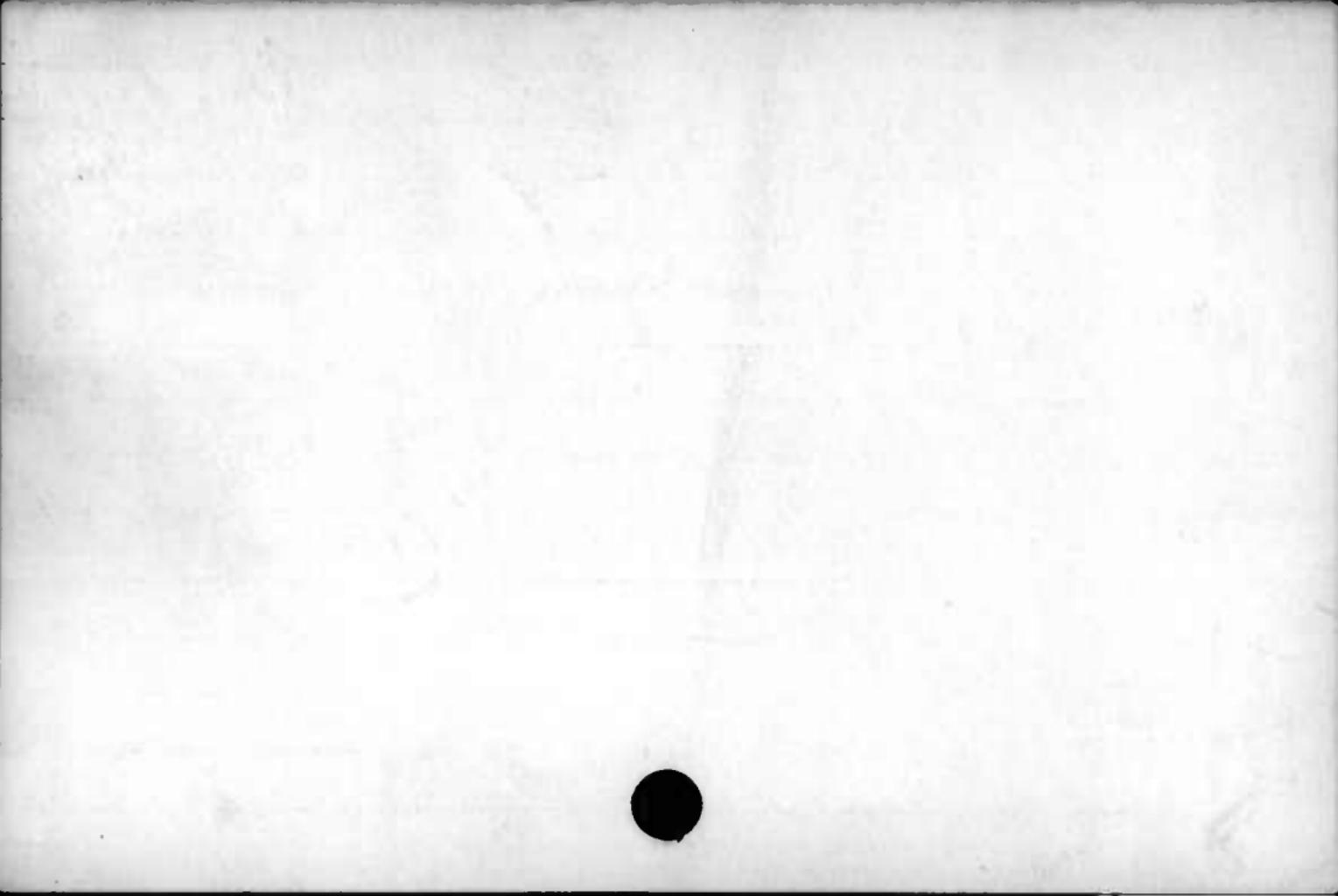
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

E. J. Skilling, M.D.
Lonaconing

8
Accident or Suicide?



Name
in
Full

Mary Ellen Baker.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1907	Month apr	Day 21	Years 20	Months -	Days -
Sex	Female	Color or Race	White		Birth-place	Baltimore
Occupation	Wife		Where Residing if not at place of death		-	
Married, Single or Widowed	Married	Name of Husband	Ann Elias Baker		Father's Birthplace	Baltimore
Father's Name	Theodor Brandt				Mother's Birthplace	Baltimore
Mother's Maiden Name	Katie Becher.				How related to deceased	Husband
Name of person giving information	Ann E. Brandt				How long	9 mo.

CAUSES OF DEATH

115

Primary	Consumption & Malaria	
Immediate	Rupture of Spleen	
Are the name, age, sex, color, date and place correctly given above?		
Yes		
Signature of Physician	Dr. F. L. Barkdoll	
Address	503 Cumberland	
Accident or Suicide?	Md.	

PHYSICIAN
OR CORONER

Steuer

Name
in
Full

Thomas J. Farley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1907	Month 4	Day 28	Years 64	Months 6	Days -	
Sex	Male	Color or Race	White	Birth-place	Bedford Co. Pa		
Occupation	Carpenter		Where Residing if not at place of death	Cumberland.			
Married, Single or Widowed	Catherine Farley		Name of Wife or Husband				
Father's Name	John R. Farley		Father's Birthplace	Bedford Co.			
Mother's Maiden Name	Mary J. Gettys		Mother's Birthplace	" " "			
Name of person giving information	T. F. Farley		How related to deceased	Son -			

CAUSES OF DEATH

80

How long

1/2 hours

How long

✓
PHYSICIAN
OR CORONER

Primary

Angina Pectoris

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

H. Swales

Cumberland, Pa

8
Accident or Suicide?

J. P. Hayes

Name
in
Full

Lufau - Beeman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Pekin</u>		Town	County <u>allegany</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>April</u>	Day <u>17</u>	Age <u>—</u>	Years <u>—</u>	Month <u>—</u>	Days <u>1</u>
Sex <u>Male</u>	Occupation <u>—</u>	Color of Race <u>White</u>	Birthplace <u>Pekin</u>			
Where Residing if not at place of death						
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>					
Father's Name <u>Baria Beeman</u>				Father's Birthplace <u>Pekin Md.</u>		
Mother's Maiden Name <u>Mary Beeman</u>				Mother's Birthplace <u>Sonacoming</u>		
Name of person giving Information <u>Baria Beeman</u>				How related to deceased <u>Father</u>		

PHYSICIAN
OR CORONER

CAUSES OF DEATH

151

Primary <u>Prematurity 7 months -</u>	How long <u>2 hours -</u>
Immediate <u>—</u>	How long <u>—</u>

Accident or Suicide?

Are the name, age, sex, color, date and place correctly given above?

yes

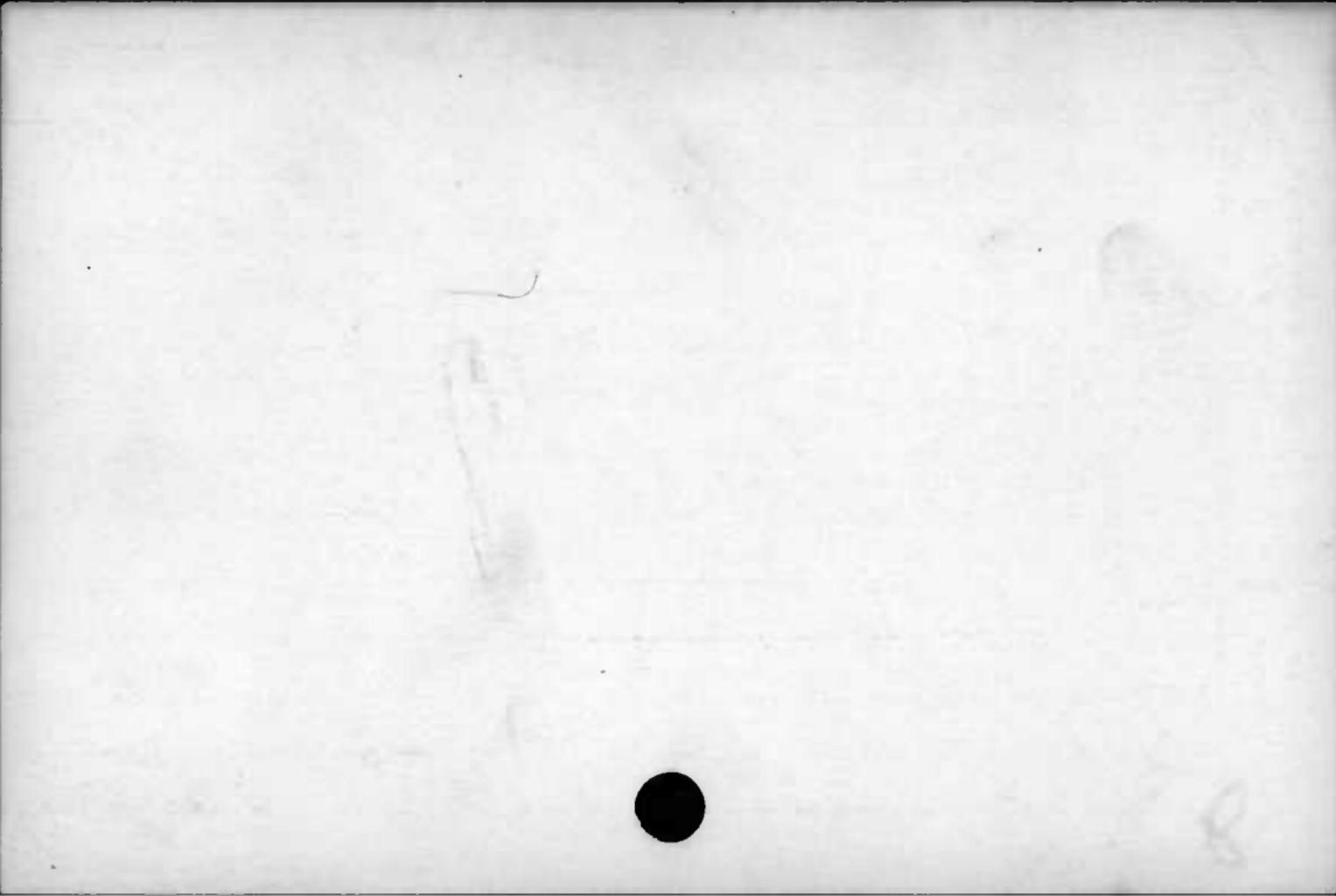
Signature of Physician

Address

Jas. O. Bullock M.D.
Sonacoming Md

Accident or Suicide?

no



Name
in
Full

Mary, Elizabeth, Berry

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County	MARYLAND	
Date of death 1907	Month April	Day 17	Years 45	Months 4	Days 8
Sex Female	Color or Race White	Occupation Housewife	Birth-place Indiana		
Married, Single or Widowed Married					
Name of Wife or Husband John, Russell Berry					
Father's Name Ferrine, Spencer			Father's Birthplace W. Va		
Mother's Maiden Name Mary, C. Spencer			Mother's Birthplace W. Va		
Name of person giving Information John, R. Berry			How related to deceased Husband		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Dropsy

177

How long

5 months

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

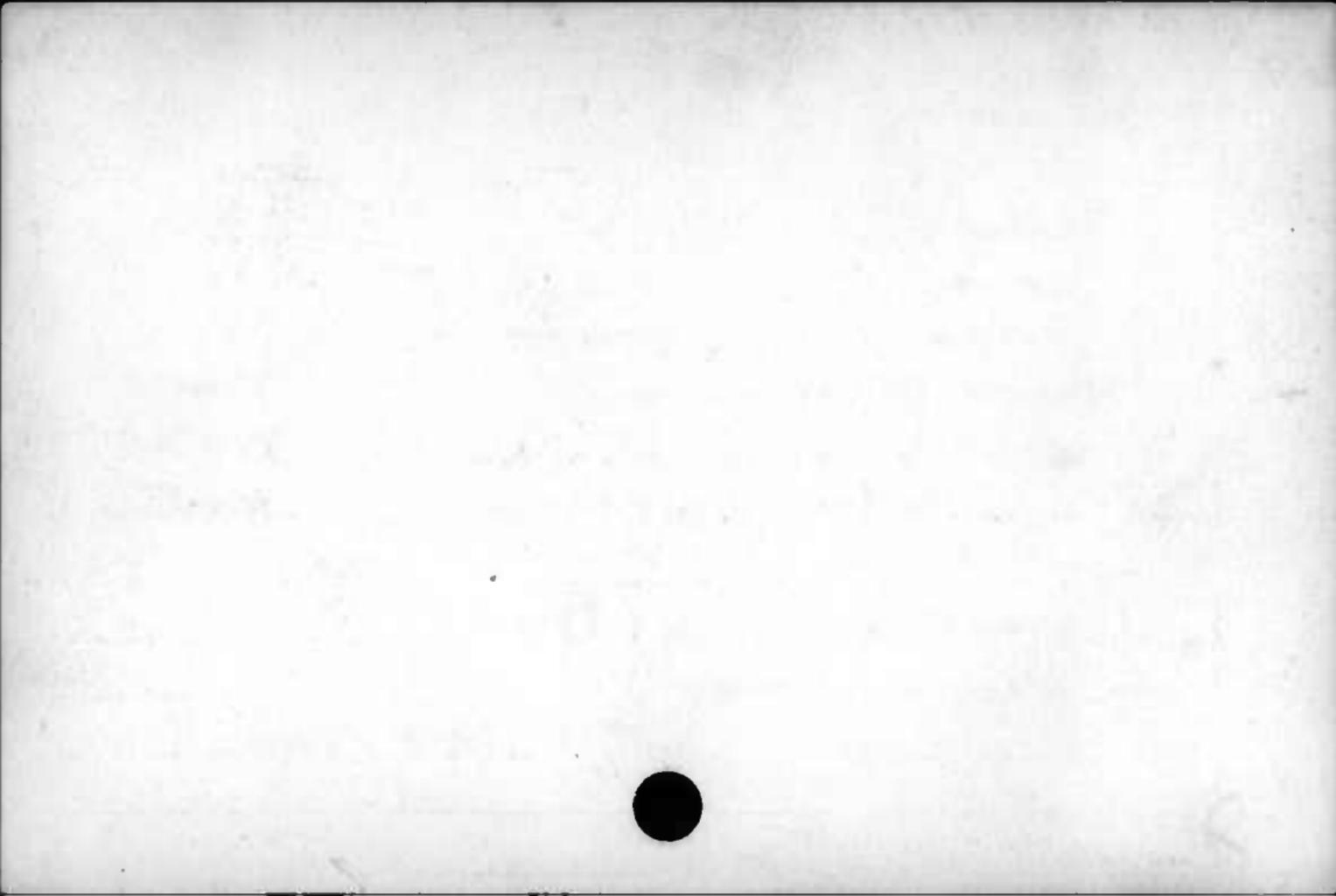
Address

R. Bell, M.D.

15 Main, Elizabethtown
Edw. Clegg, Luth. Reformed

8

Accident or Suicide?



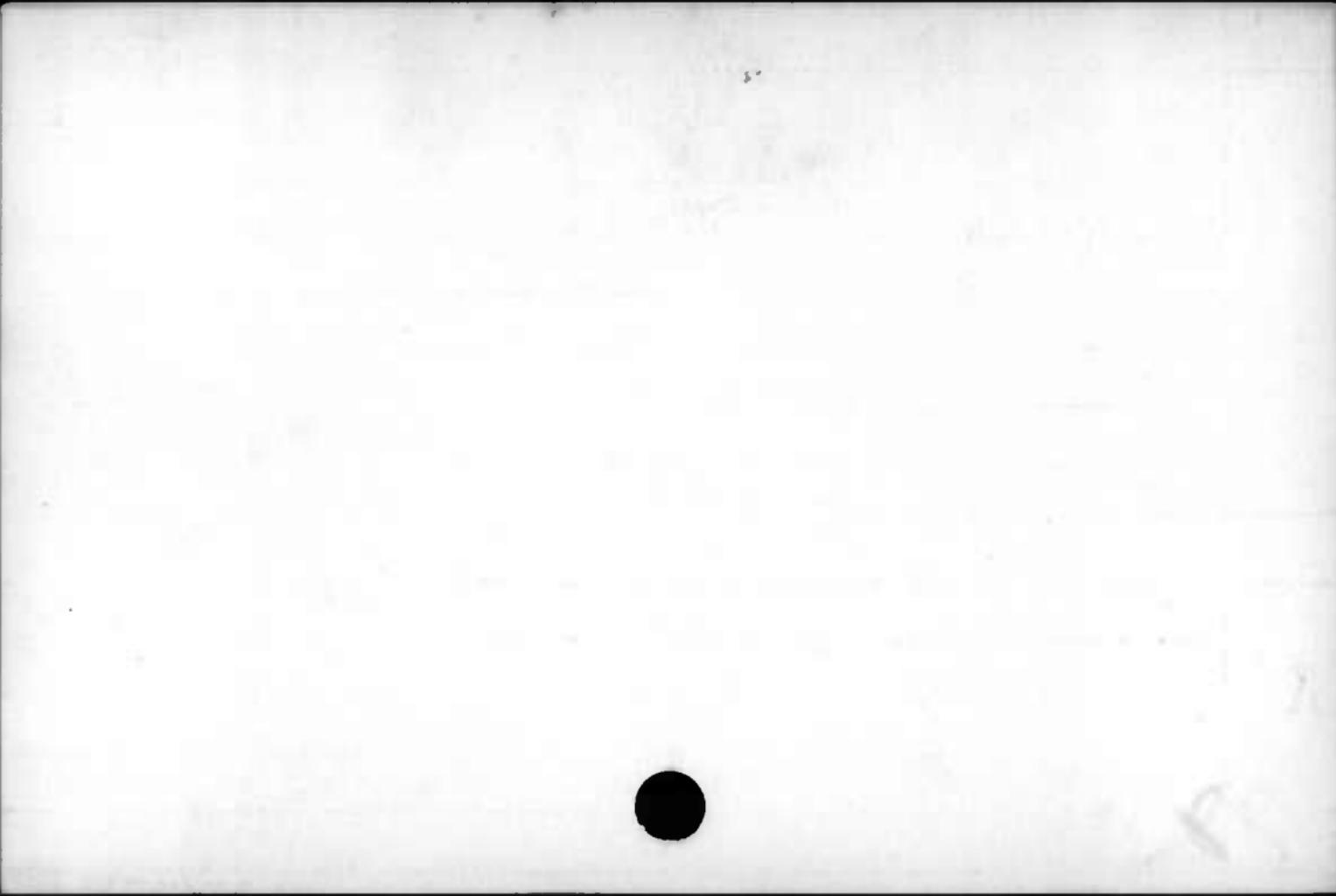
Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death		Month	Day	Years	Months	Days	
Sex		Color or Race	Birth-place		md		
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Tow S Bowman			Father's Birthplace		Pa
Mother's Maiden Name		Emma J. Porter			Mother's Birthplace		Mass
Name of person giving information		Mrs W S Bowman			How related to deceased		Mother
CAUSES OF DEATH							
Primary	Premature birth (5 mos)			How long		2 days	
Immediate	Exhaustion			How long		4 hrs	
Are the name, age, sex, color, date and place correctly given above?			yes	Signature of Physician		Ed H. Brace	
				Address		Circleville md	
Is the death due to Accident or Suicide?			Accident				

PHYSICIAN
OR CORONER



Name
In
Full

Henry Brooks

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County			
Date of death	1907	Month Apr.	Day 10	Years 50	Months	Days
Sex	Male	Color or Race	Colored		Birth-place	Williamsport, Md.
Occupation			Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Anna Biggs		Father's Birthplace	Dont Know
Father's Name	Dont Know				Mother's Birthplace	Dont Know
Mother's Maiden Name	"				How related to deceased	Wife.
Name of person giving information	Anna Brooks				How long	88

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cause of death

Immediate cause

Are the name, age, sex, color, date and place correctly given above?

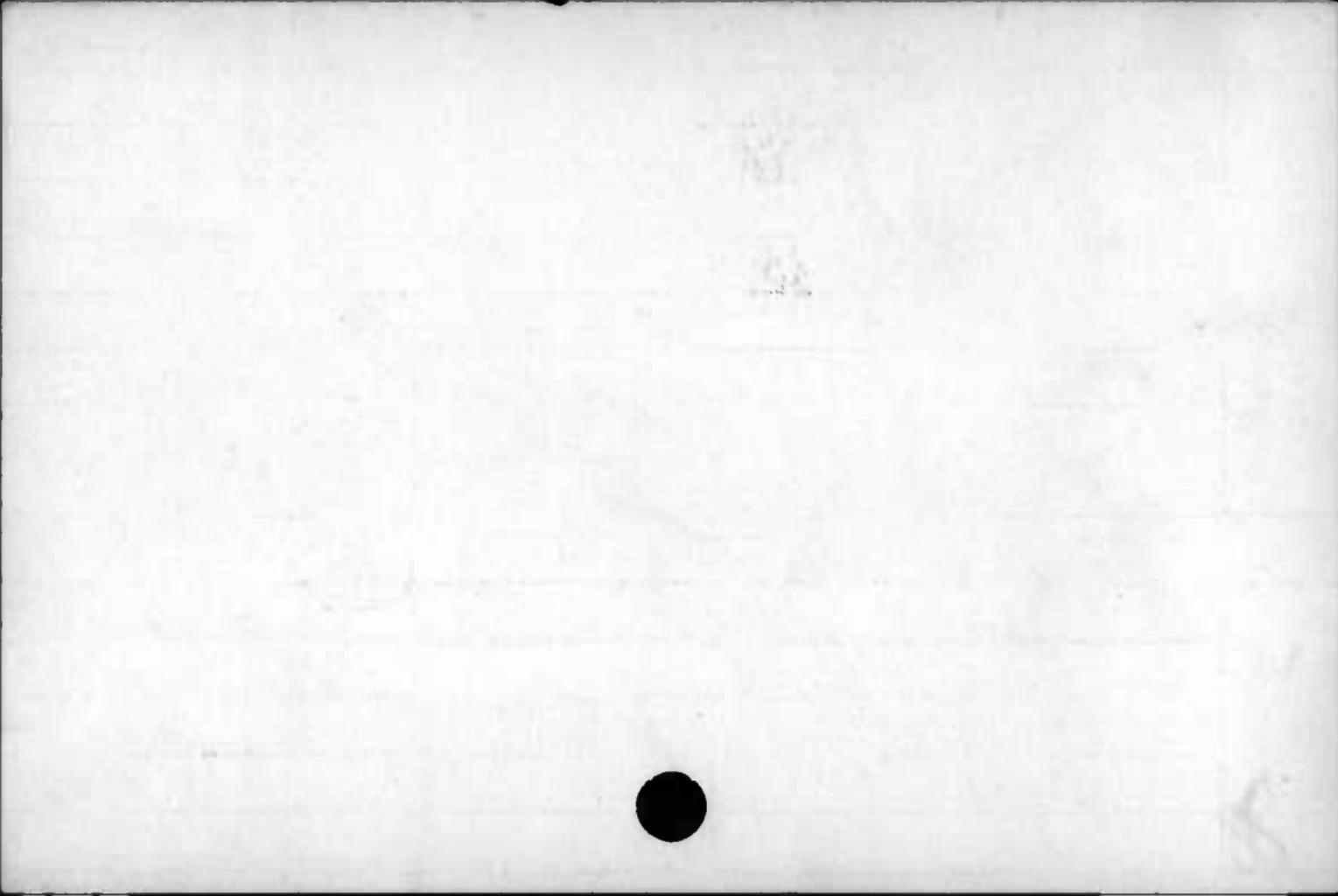
S

Accident or Suicide?

Signature of Physician

Address

Dr. A. J. Webb
Cumberland
Md.



Name
in
Full

Howard Brooks

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1907	Month Apr.	Day 13	Years 48	Months	Days	
Sex	Male	Color or Race	Colored	Birth-place	Williamsport, Md		
Occupation	Labored.		Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Elizabeth Brooks.	Father's Birthplace	Va.		
Father's Name	Henry Brooks			Mother's Birthplace	Va.		
Mother's Maiden Name	P. J. Campbell			How related to deceased	Brother.		
Name of person giving information	Nathaniel Brooks						

CAUSES OF DEATH

Primary	Chronic Bright's disease & dropsy		How long Eighteen mos.
	Heart-failure		
Immediate			How long Three weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
New		Spurgeon Evans M.D.	
Address		634. mechanist.	
Accident or Suicide?		Occupied head ind.	

PHYSICIAN
OR CORONER

120

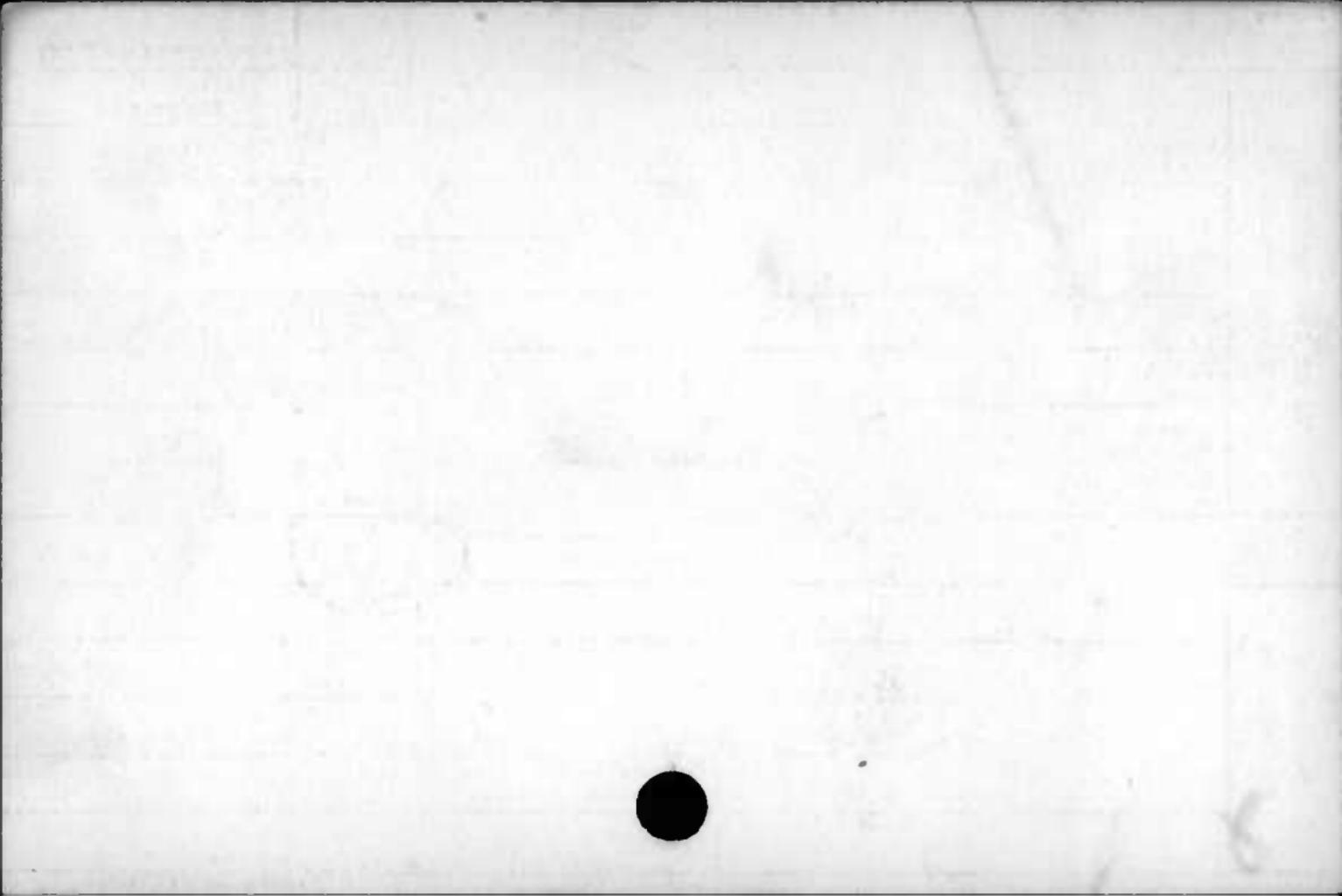
18 mos.

Three weeks

Spurgeon Evans M.D.

634. mechanist.

Occupied head ind.



Name
in
Full

Sarah Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	Allegheny		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1907	April	9	40	7	26	
Sex	Female	Color or Race	Black	Birthplace		
Occupation	Housewife		Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Wm Brown	Augusta Co va		
Father's Name	Wm Whitelow		(178)	Father's Birthplace		
Mother's Maiden Name	Sarah - (Unknown)		(178)	Mother's Birthplace	va	
Name of person giving information	Wm Brown		(178)	How related to deceased	husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Unknown. Had a large goitre -		Eaten heartily	
Immediate	Suffered suddenly - 1.30 A.M.		How long few moments	
possibly Acute indigestion & heart failure				
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	James O. Bullock M.D.	
		Address	Sinnacinity Md	
Accident or Suicide?		No -		



Name
in
Full

Clarence L Burkhardt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1907	Month Apr.	Day 24	Years —	Months 1	Days 6
Sex	Male	Color or Race	White	Birth-place	Burkhardt	
Occupation	—			Where Residing if not at place of death	—	
Married, Single or Widowed	Single	Name of Wife or Husband	—			
Father's Name	L L Burkhardt			Father's Birthplace	Pa	
Mother's Maiden Name	Emma R. Kammor			Mother's Birthplace	Pa	
Name of person giving Information	L L Burkhardt			How related to deceased	Father	

CAUSES OF DEATH

Primary	Measles.		How long
Immediate	Exhaustion		5 days.
Are the name, age, sex, color, date and place correctly given above?	yes.	Signature of Physician	F L Barkdull M.D.
		Address	S. Annapolis
Accident or Suicide?			

PHYSICIAN
OR CORONER

J

Fair hope.

Somerset Co.

Name
in
Full

Martin Burns

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death 1907	Month	Day	Years	Months	Days	
Sex Male	Color or Race		Age 65	Birth-place Ireland		
Married, Single or Widowed Widower	Occupation		Coal Miner			
Name of Wife or Husband Mary Maney			Ireland			
Father's Name Walter Burns			Ireland			
Mother's Maiden Name Ellen McQueen			Ireland			
Name of person giving Information John Grimes			How related to deceased Nephew			

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary Fall from window

Immediate Concussion of Brain, Internal Injuries

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

F. P. O'Neil

Address

Midland, Md.

J

Accident or Suicide?

Cath

John

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

✓
PHYSICIAN
OR CORONER

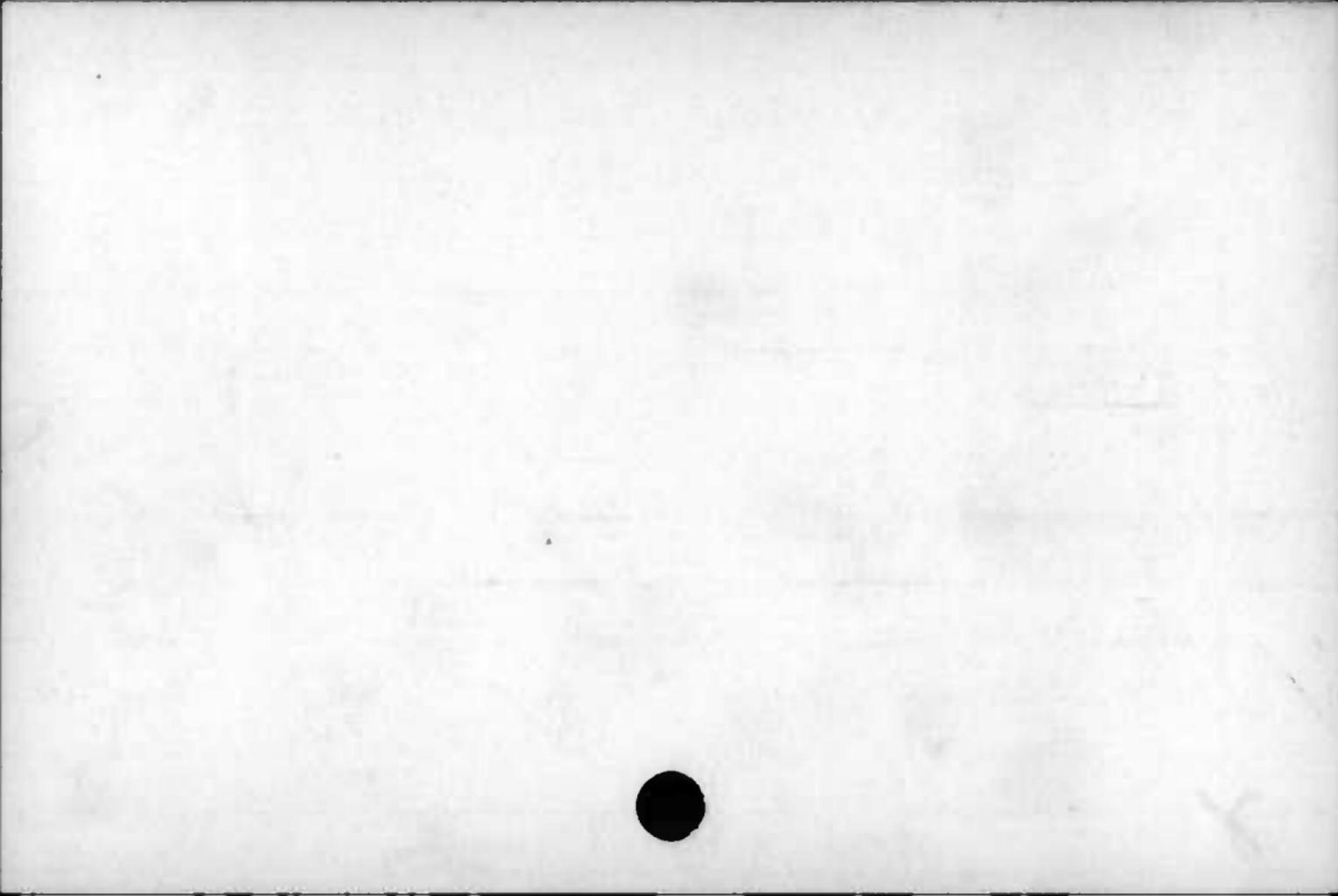
Mabel A. Clarke

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1907	April	16	Age 20	8	13	
Sex	Female	Color or Race	White	Birth-place	Cumberland	
Occupation	Student		Where Residing if not at place of death	Cumberland		
Married Single or Widowed	Name of Wife or Husband					
Father's Name	Annie Clark		Father's Birthplace			
Mother's Maiden Name	Annie B. Marwick		Mother's Birthplace			
Name of person giving Information	Marian Clarke		How related to deceased			

CAUSES OF DEATH

Primary	Typhoid fever	①	How long	3 weeks
Immediate	Infective Enteritis		How long	a few hours
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	M. W. Wiley
			Address	
Accident or Suicide?				



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Mrs Maggie Loffan		Town	County	MARYLAND		
Died at	Lumberland		Allegany	Months	Days	
Date of death	1907 April	Month	Day	Years		1
Age	57	Color or Race	White	Birth-place	- Richmond, Va.	
Sex	Female	Occupation	House - wife	Where Residing if not at place of death		
Married, Single or Widowed	Widow	Name of Wife or Husband	Mrs C. Loffan	Father's Birthplace	Va	
Father's Name	Benj Miller	Mother's Maiden Name	Mary Webster	Mother's Birthplace	Va.	
Name of person giving information	Miss Mary Parker	How related to deceased	daughter			

CAUSES OF DEATH

Primary

Tuberculosis

27

How long

8 yrs

Immediate

Exhaustion

How long

3 mos.

Are the name, age, sex, color, date and place correctly given above?

yes

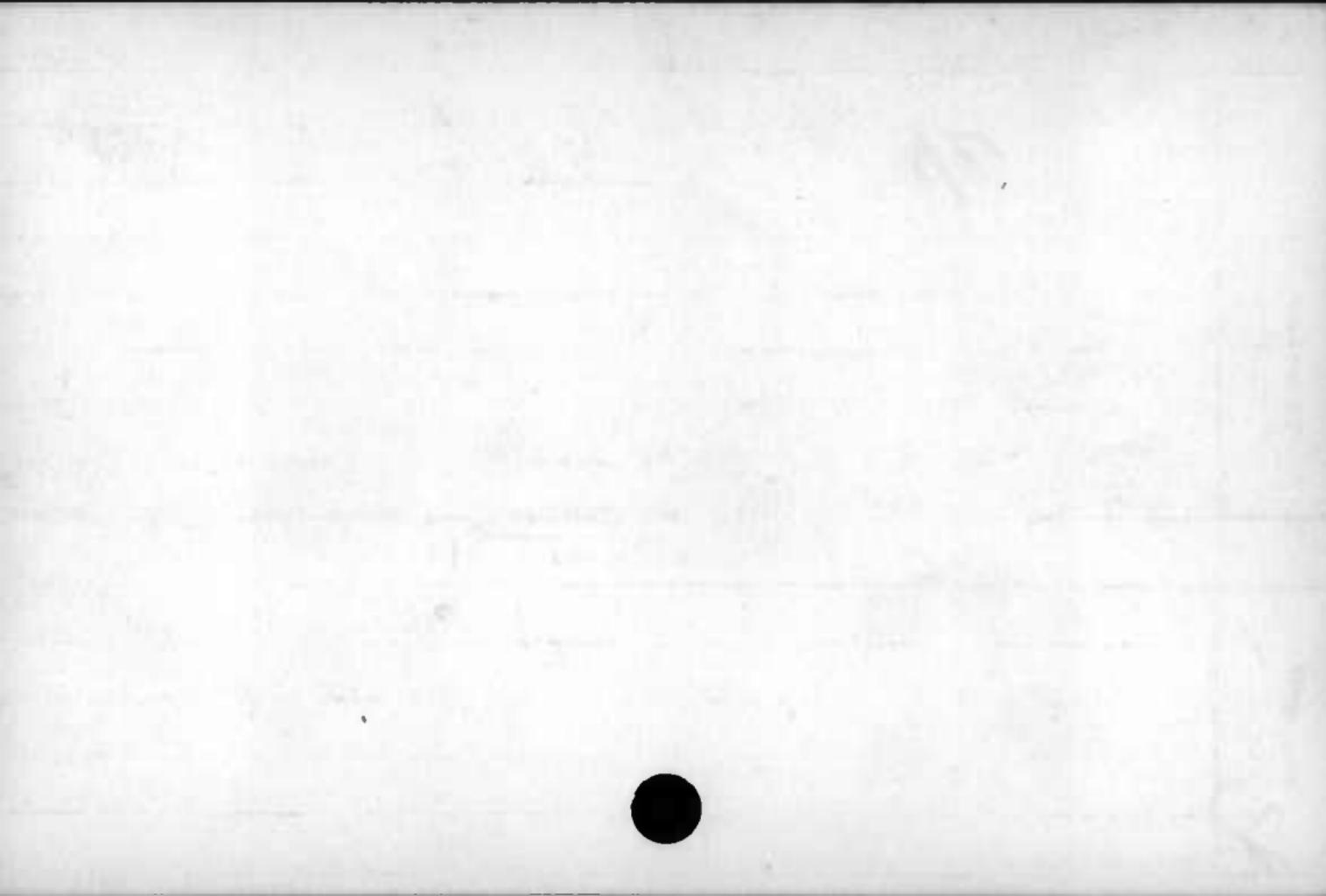
Signature of Physician

Address

L L Divers M.D.
Lumberland Ind.

Accident or Suicide?

✓
PHYSICIAN
OR CORONER



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSIAN
OR CORONER

Elizabeth Connor				CERTIFICATE OF DEATH			
Died at		Town	Cumberland	County	MARYLAND		
Date of death	1907	Month	Sept	Day	8	Years	20
Age	20	Color or Race	White	Birth-place	Months		Days
Sex	Female	Occupation	Domestic	Where Residing if not at place of death	Md		
Married, Single or Widowed	Single	Name of Wife or Husband	—	Father's Birthplace	Md		
Father's Name	W. J. Connor	Mother's Maiden Name	Alice Bennett	Mother's Birthplace	Md.		
Name of person giving Information	Mary Connor	How related to deceased	Daughter	How long	4 yrs		

CAUSES OF DEATH

(79)

How long

How long

Primary

Cardio & Dilatation

Immediate

Exhaustion

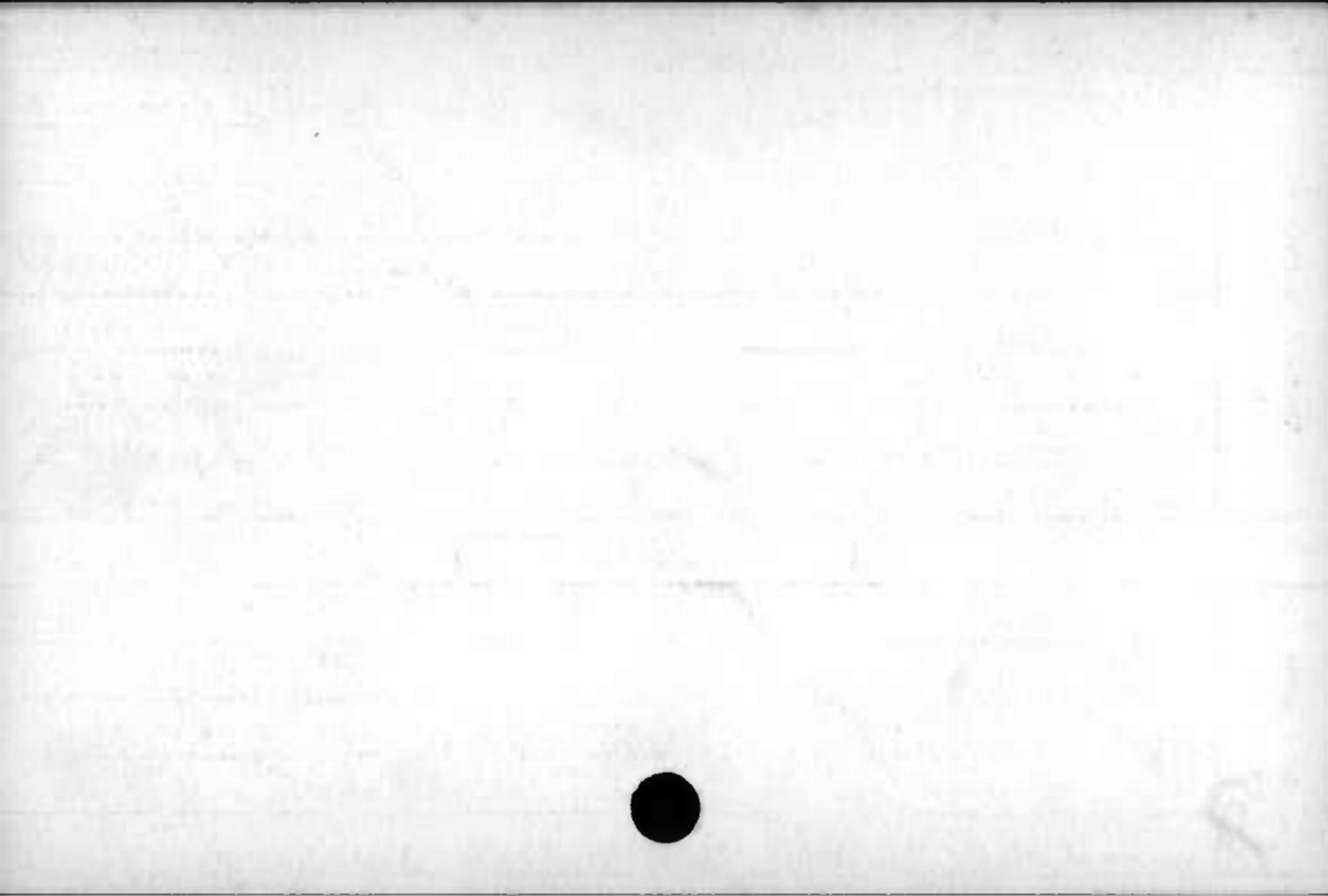
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

W. J. Murphy
Cumberland
Md



Name
in
Full

Theodore Cook

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1907	Month apr	Day 27	Years 46	Months 11	Days
Sex	Male	Color or Race	White	Birth-place	Wellsburg Pa	
Occupation	R.R. Engineer		Where Residing if not at place of death	—		
Married, Single or Widowed	Married	Name of Wife or Husband	catherine Cook			
Father's Name	Solomon Cook		Father's Birthplace	Dont Know		
Mother's Maiden Name	Martha Robbins		Mother's Birthplace	Dont Know		
Name of person giving information	Charles Cook		How related to deceased	Brother		

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary

Acute Indigestion

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Dr. Thos. McDonald

Steer

Address

Cumberland
Md.

Accident or Suicide?

8

Cerebral
Cerebrall. Meningitis

1407

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

✓
PHYSICIAN
OR CORONER

infant of N. W. & Gillie Danforth

CERTIFICATE OF DEATH

MARYLAND

Died at <i>Baltimore</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>			
Date of death <i>1907</i>	Month <i>April</i>	Day <i>10</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>Female</i>	Color or Race <i>White</i>			Birth- place <i>Md</i>			
Occupation <i>None</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband						
Father's Name <i>N. W. Danforth</i>			Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Gillie Brown</i>			Mother's Birthplace <i>Md</i>				
Name of person giving Information <i>N. W. Danforth.</i>			How related to deceased <i>Father</i>				

CAUSES OF DEATH

151

How long

How long

Primary

died from Natural Cause

Immediate

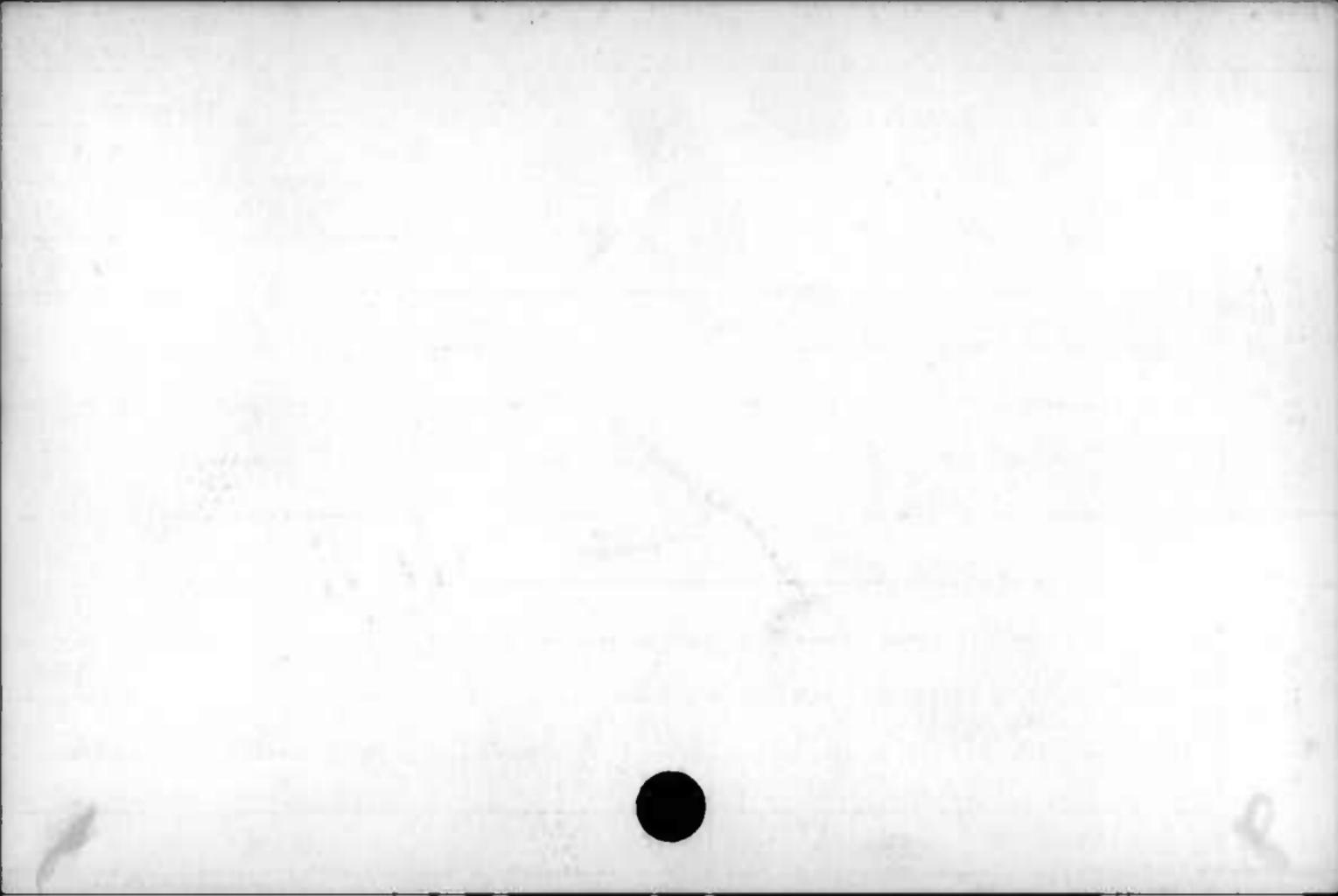
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

*G. W. Danforth
Baltimore
Md.*

Accident or Suicide?



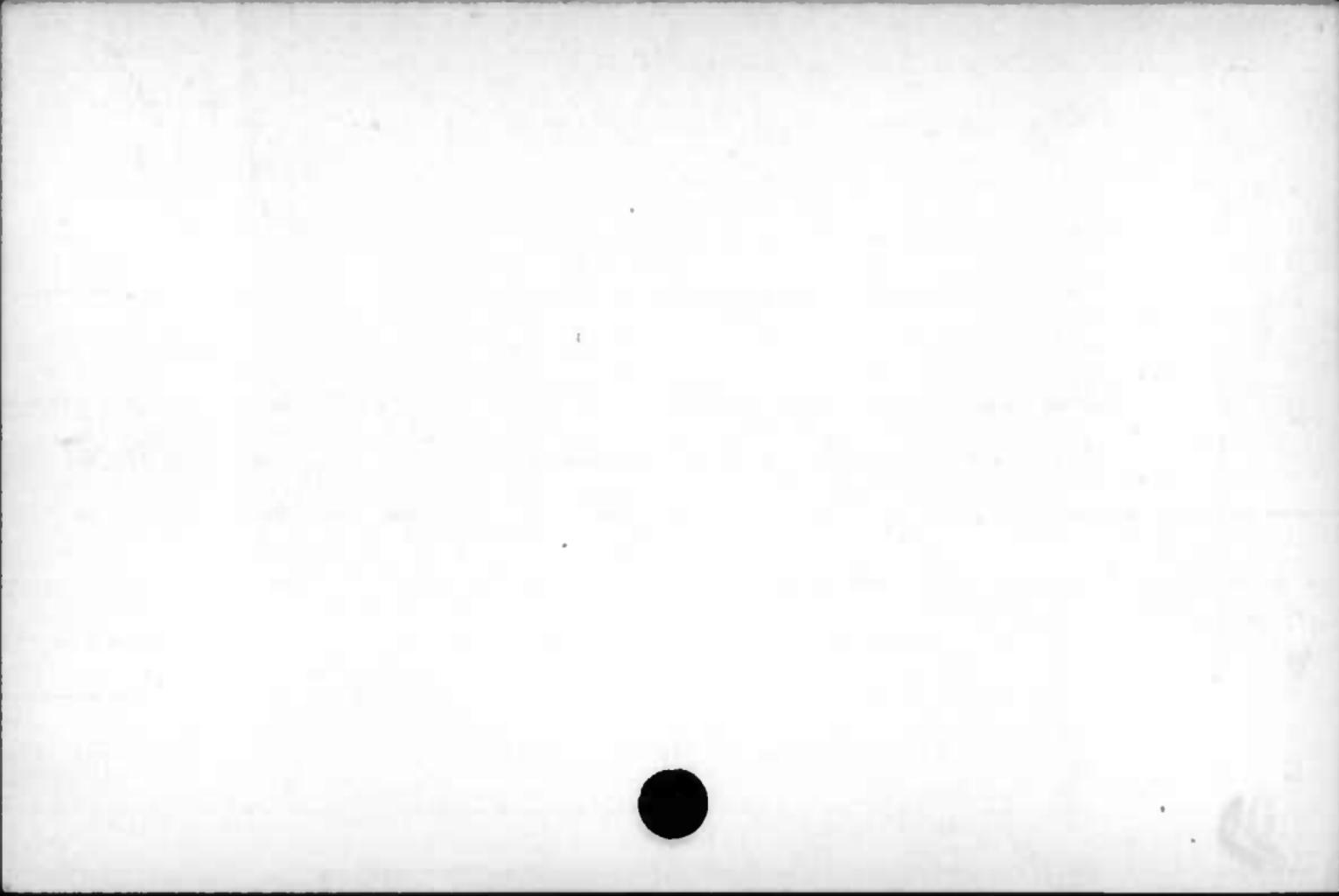
Name
in
Full

John Danahay

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Died at		Sonoma	Allegheny			
Date of death	1907	Month April	Day 10	Age	Years	Months
Sex	Male	Color or Race	white	Birth place	Sonoma	
Occupation	—			Where Residing if not at place of death	—	
Married, Single or Widowed	Single	Name of Wife or Husband	—	Father's Birthplace	Ireland	
Father's Name	John Danahay			Mother's Birthplace	Sonoma	
Mother's Maiden Name	Helen Ricker			How related to deceased	Mother	
Name of person giving information	Helen Danahay			How long	2 days —	
CAUSES OF DEATH						
Primary	Pneumonia 8 mos			How long	151	
Immediate	—			How long	—	
Are the name, age, sex, color, date and place correctly given above?			yes	Signature of Physician	Jas. O. Bullock M.D.	
				Address	Sonoma Md.	
Accident or Suicide?			No			



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Violet M Davis

CERTIFICATE OF DEATH

Died at Baltimore Town

Co. alle

MARYLAND

Date of death 1907 Month April Day 18

Age 39 Years

Months 10 Days

Sex Female

Color or Race

White

Birthplace

Md

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

L. F. Davis

Father's
Birthplace

Married

Md

Husband

L. F. Davis

Father's
Name

H. M. Hite

Mother's
Birthplace

Mother's
Maiden Name

Dont know

How related
to deceased

Name of person giving
Information

L. F. Davis

Husband

CAUSES OF DEATH

27

Primary

Tuberculosis

How long

6 mo.

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

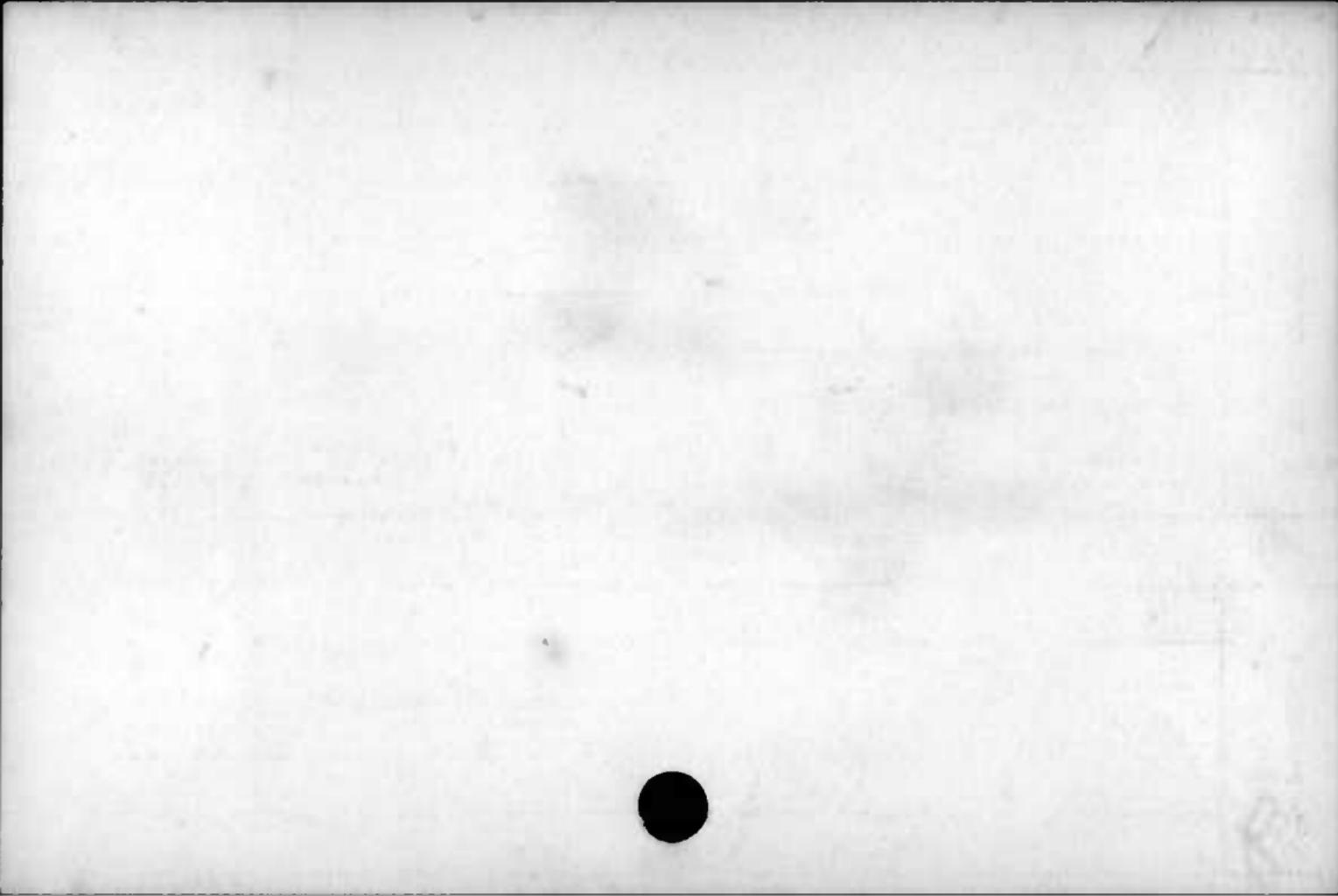
Dr F. W. Foghtman

Address

Cumberland

Accident or Suicide?

Foghtman Md



Name
in
Full

Sarah E Dennison

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Cumberland		Town allegany.		County MARYLAND	
Date of death 1907	Month April	Day 7	Age 74	Years 11	Months 26
Sex Female	Color or Race white	Birth-place Frostburg Md.			
Occupation Housewife	Where Residing if not at place of death Cumberland Md.				
Married, Single or Widowed Married	Name of Wife or Husband Samuel L. Dennison				
Father's Name David L. Insheek	Father's Birthplace New York				
Mother's Maiden Name Katherine Shaw	Mother's Birthplace Boston Md.				
Name of person giving Information Samuel S. Dennison	How related Son.				

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary Paralysis	How long 9 Days.
Immediate Exhaustion	How long 9 Days.
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician F. L. Bushell
	Address Cumberland Md.
Accident or Suicide?	

0170110

Name
in
Full

Thomas Dick

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

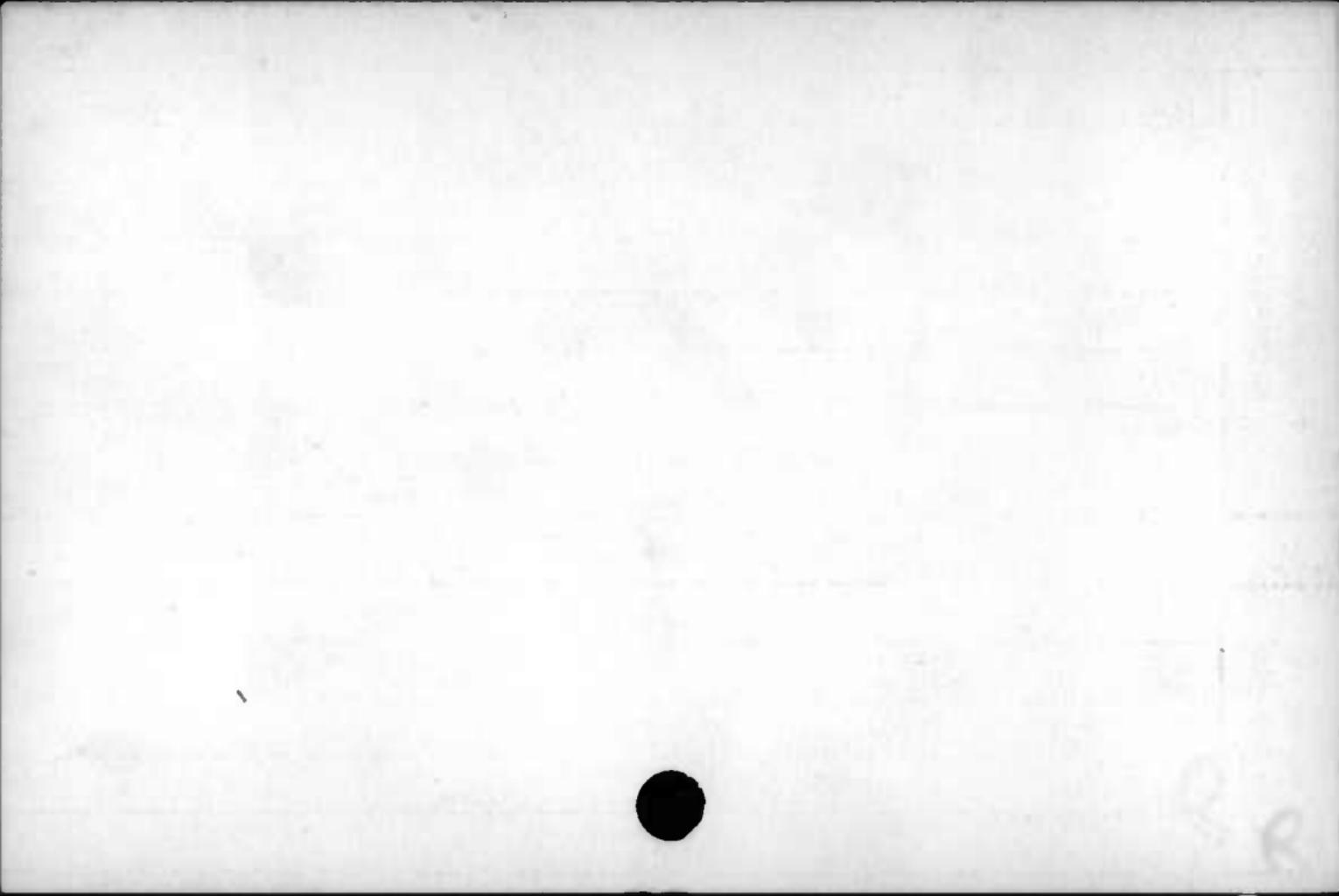
Died at		Town	County		MARYLAND		
Date of death	1907	Month Apr	Day 13	Age 46	Years	Months 10	Days 2
Sex	Male	Color or Race	White		Birth-place	Scotland	
Occupation	Saloon-keeper		Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Mrs. Agnes J. Dick		Father's Birthplace	Scotland	
Father's Name	John C. Dick				Mother's Birthplace	Scotland	
Mother's Maiden Name	Mary Ann Bowen				How related to deceased	Son	
Name of person giving information	Andrew Dick						

CAUSES OF DEATH

153

Primary	How long	
Immediate	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Address
Yes	Henry M. Hodson	
	Lonaconing, Md.	
Accident or Suicide?	Suicide	

8



Name
in
Full

Mrs. Ida Katherine Baker-Dixon CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND			
Date of death	1907	Month April	Day 19	Age 44	Years	Months 11	Days 1	
Sex	Female	Color or Race	White					
Occupation	Housewife						Birth-place	Midland Md.
Married, Single or Widowed	Married	Name of Wife or Husband	James Dixon					
Father's Name	John Baker						Father's Birthplace	Allegany Co.
Mother's Maiden Name	Sarah Henry						Mother's Birthplace	11
Name of person giving Information	Mrs. Dixon						How related to deceased	Son

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary

Aortic Regurgitation

How long

1 year

Immediate

Hypertension

How long

1 month

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

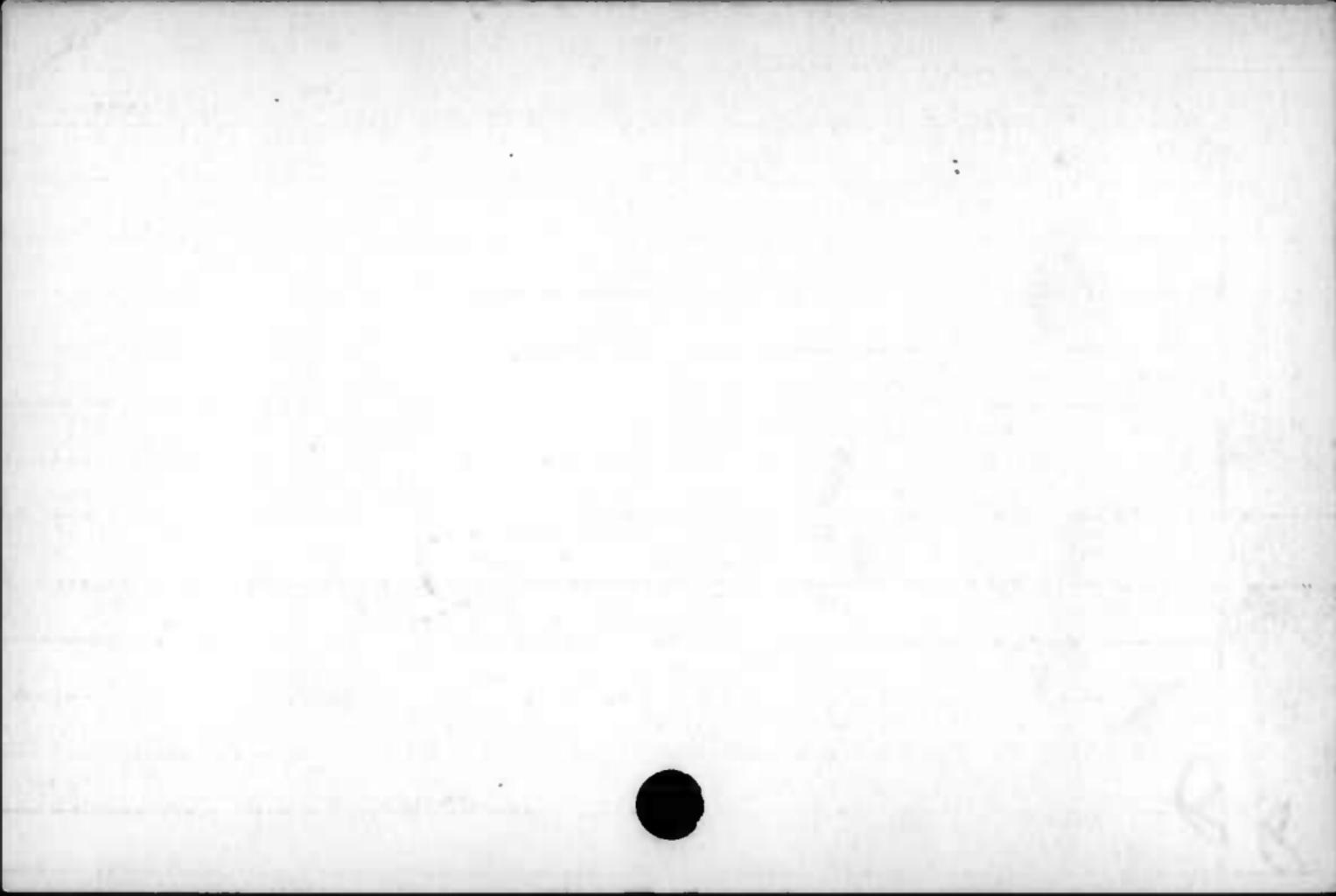
Henry M. Hodgson

Coronary, Md.

J

Accident or Suicide?

No



Name
in
Full

Perry Dorsey

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	White	Birth-place	Paw Paw W.M.	
Occupation	Farmer		Where Residing if not at place of death	Paw Paw.		
Married, Single or Widowed	Single		Name of Wife or Husband	—		
Father's Name	Don't Know		Father's Birthplace	Don't know		
Mother's Maiden Name	Don't Know.		Mother's Birthplace	Don't know		
Name of person giving information	B.P. Rudy		How Related	Stepson.		

CAUSES OF DEATH

179

How long

How long

PHYSICIAN
OR CORONER

Primary
Shock from operation

Immediate
Exhaustion

Are the name, age, sex, color, date and place correctly given above?

L Stein.

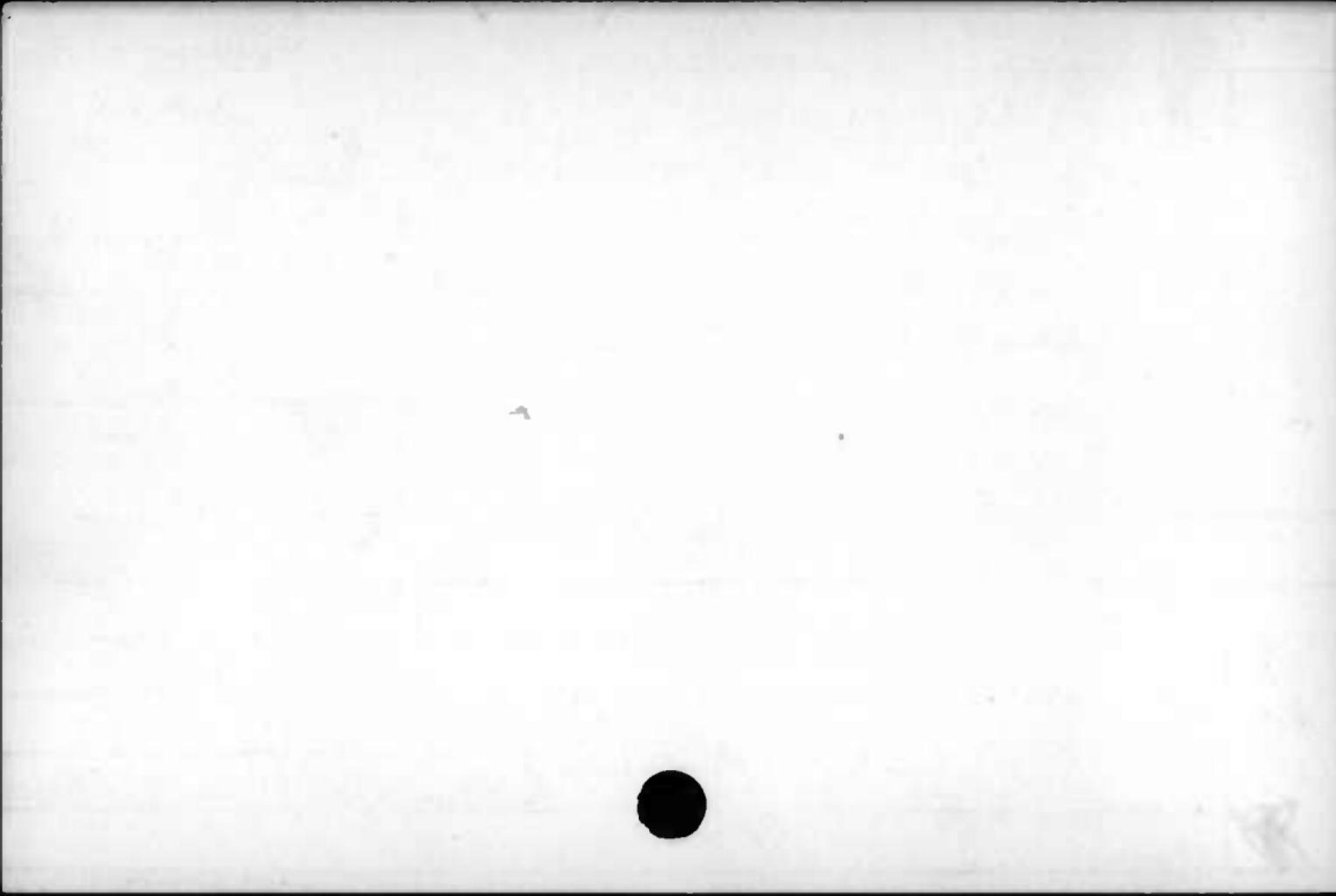
Accident or Suicide?

Signature of Physician

Address

E.H. White M.D.

Comptoland Md



Name
in
Full

Hiram Elinberger

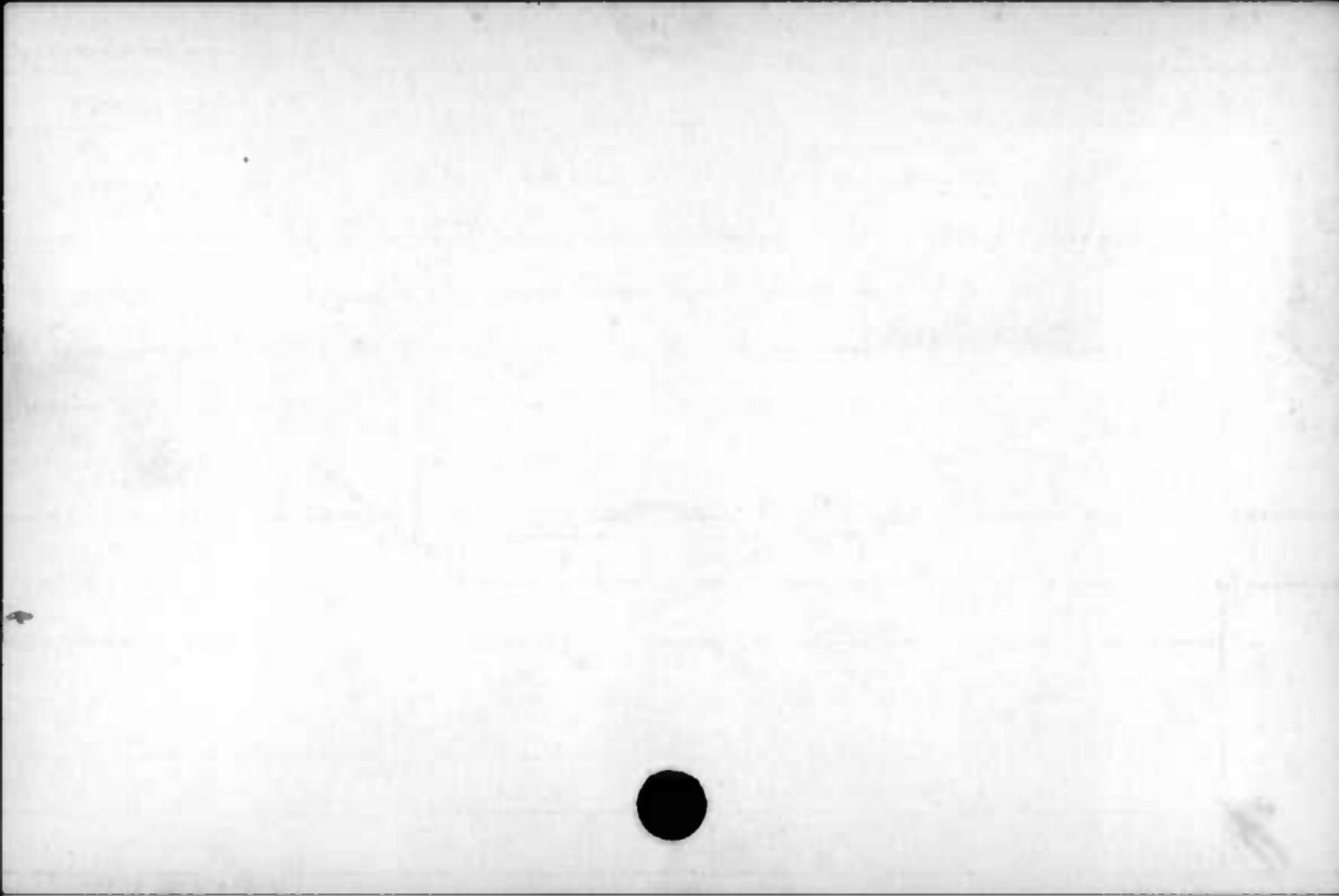
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Age about 67		
Occupation	Boatsman		Where Residing if not at place of death	G. O. Canal	
Married, Single or Widowed	Widow	Name of Wife or Husband	Anderson		
Father's Name	Dont know		Father's Birthplace	Dont know.	
Mother's Maiden Name	" "		Mother's Birthplace	" "	
Name of person giving information	Lafayette Eichberger		How related to deceased	None	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	120	How long
	Immediate		Are the name, age, sex, color, date and place correctly given above?
LOUIS STEIN, MINTEL'S SONS	Signature of Physician	Address	
LOUIS STEIN,	H. O. Hailes	Conductor Room 112	
Accident or Suicide?			



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Mrs Emma Emerick

CERTIFICATE OF DEATH

MARYLAND

Died at		Town	County			
Ellersie			Alle			
Date of death	1907	Month April	Day 8	Years Age 55	Months	Days
Sex	Female	Color or Race	White	Birth- place	Pa	
Occupation	Housewife			Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Joseph Emerick			
Father's Name	dead			Father's Birthplace	Don't Know	
Mother's Maiden Name	dead			Mother's Birthplace	" "	
Name of person giving Information	Joseph Emerick			How related to deceased	Husband	

CAUSES OF DEATH

Primary

64

How long

Immediate

Chopley

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes
Steve

Signature of
Physician

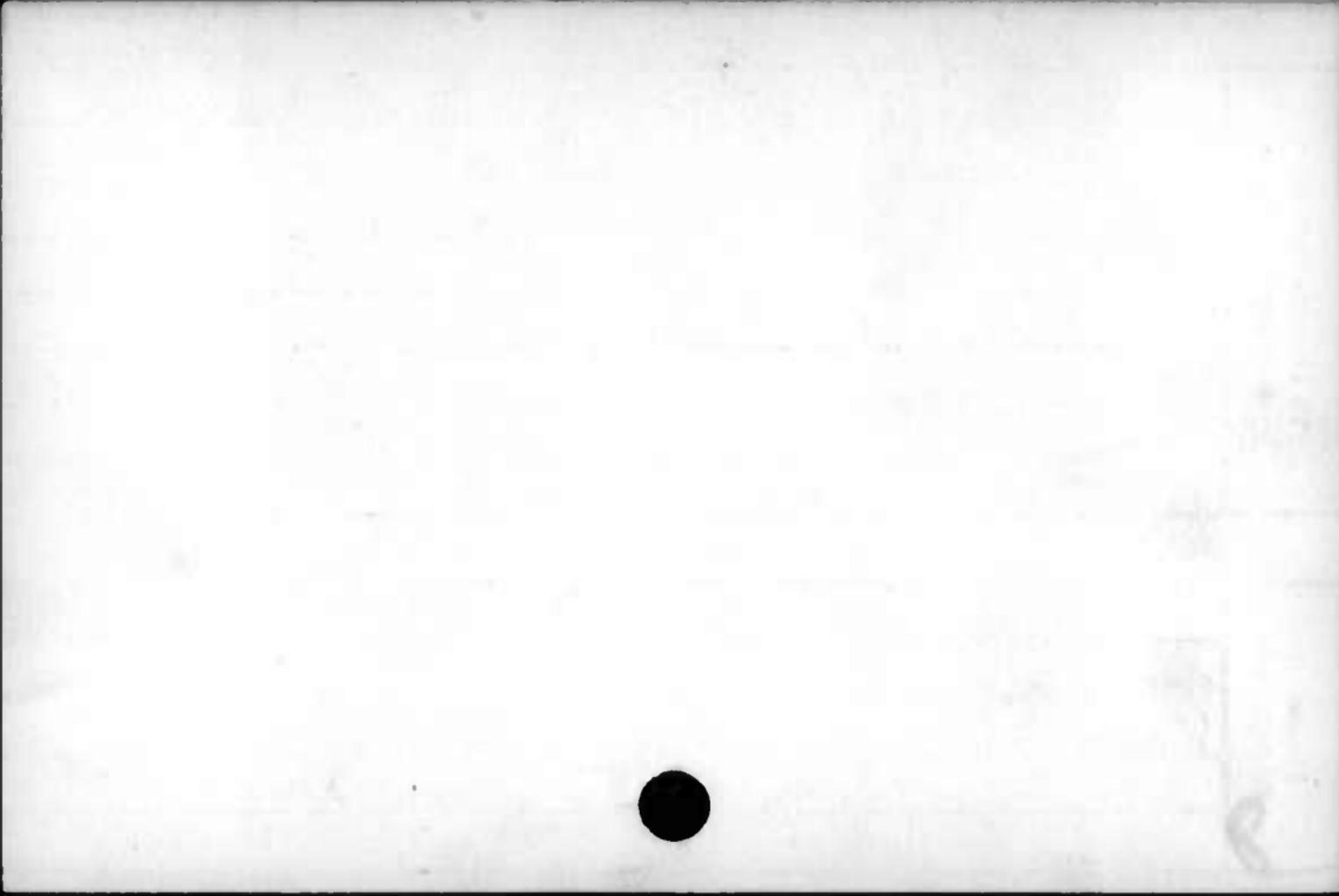
Address

Dr. J. Earl Smith
Ellersie Md

PHYSICIAN
OR CORONER

J

Accident or Suicide?



Name
In
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Margarette Foghtman.

CERTIFICATE OF DEATH

Died at		Town	County	MARYLAND		
Date of death	1907	Month Apr.	Day 19	Age 20	Years	Months — Days —
Sex	Female	Color or Race	White	Birth-place		
Occupation	Millinery			Where Residing if not at place of death		
Married, Single or Widowed	Single.	Name of Wife or Husband	Name			
Father's Name	Don't Know			Father's Birthplace	Don't Know	
Mother's Maiden Name	"			Mother's Birthplace	"	
Name of person giving Information	Mrs Marion Hoffman			How related to deceased	Sister.	

CAUSES OF DEATH

Primary	Typhoid Fever	How long
Immediate	Exhaustion	How long

Are the name, age, sex, color, date and place correctly given above?

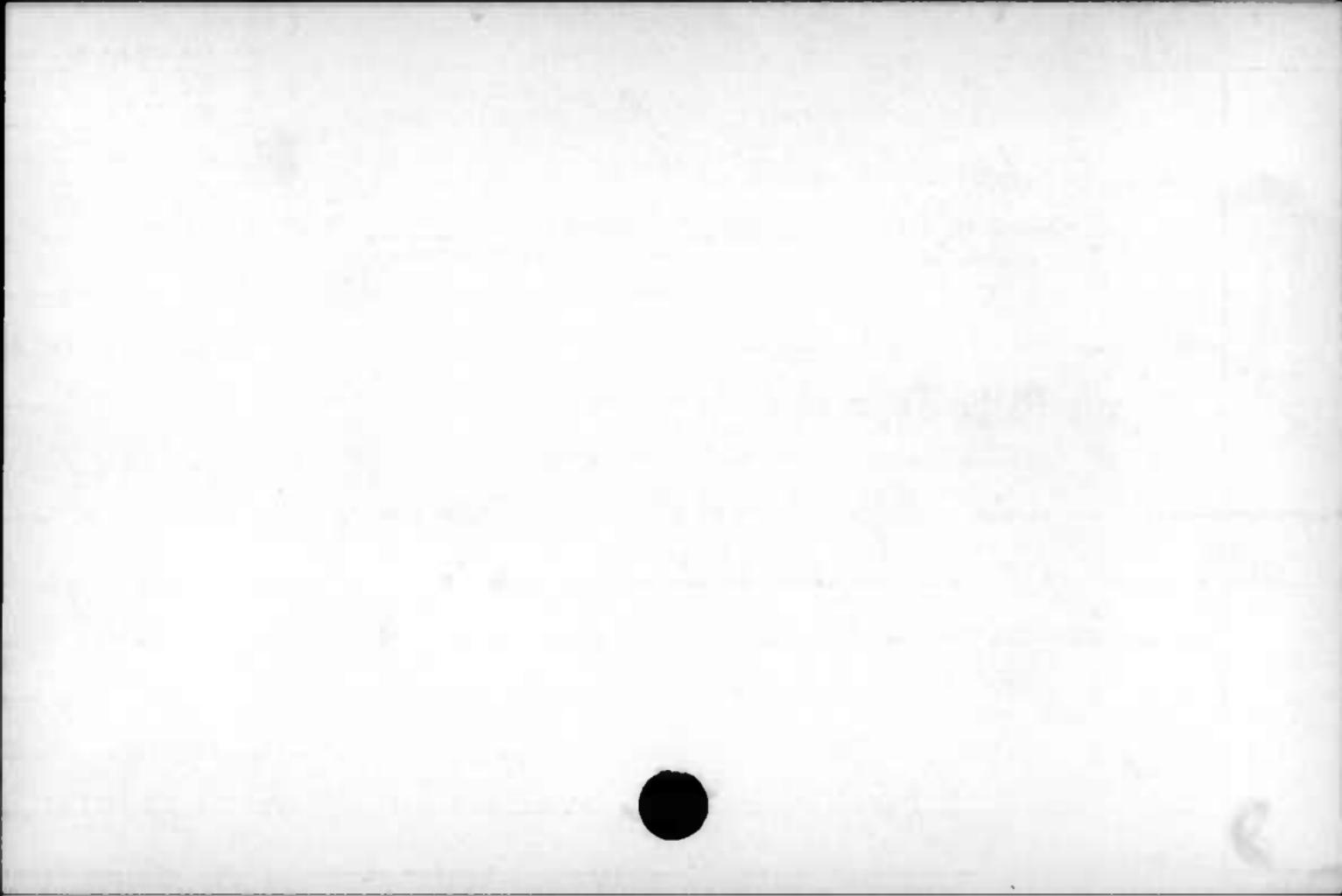
Yes.

Signature of Physician

Address

Dr. Edw Harris
Cumberland
Md.

Accident or Suicide?



Name
in
Full

Rebecca Galloway

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1907	Month April	Years	Months	Days	
Sex Female	Color or Race	Age	Birth-place	Washington D.C.	
Married, Single or Widowed	Occupation				
Name of Wife or Husband					
Father's Name	Joseph Galloway		Father's Birthplace	Md	
Mother's Maiden Name	Stella Morris		Mother's Birthplace	Pa	
Name of person giving Information	Joseph Galloway		How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER
J

Primary

Bronchial Asthma

97

How long

all life

Immediate

Obstruction lung

18 hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Alan G. Murray M.D.

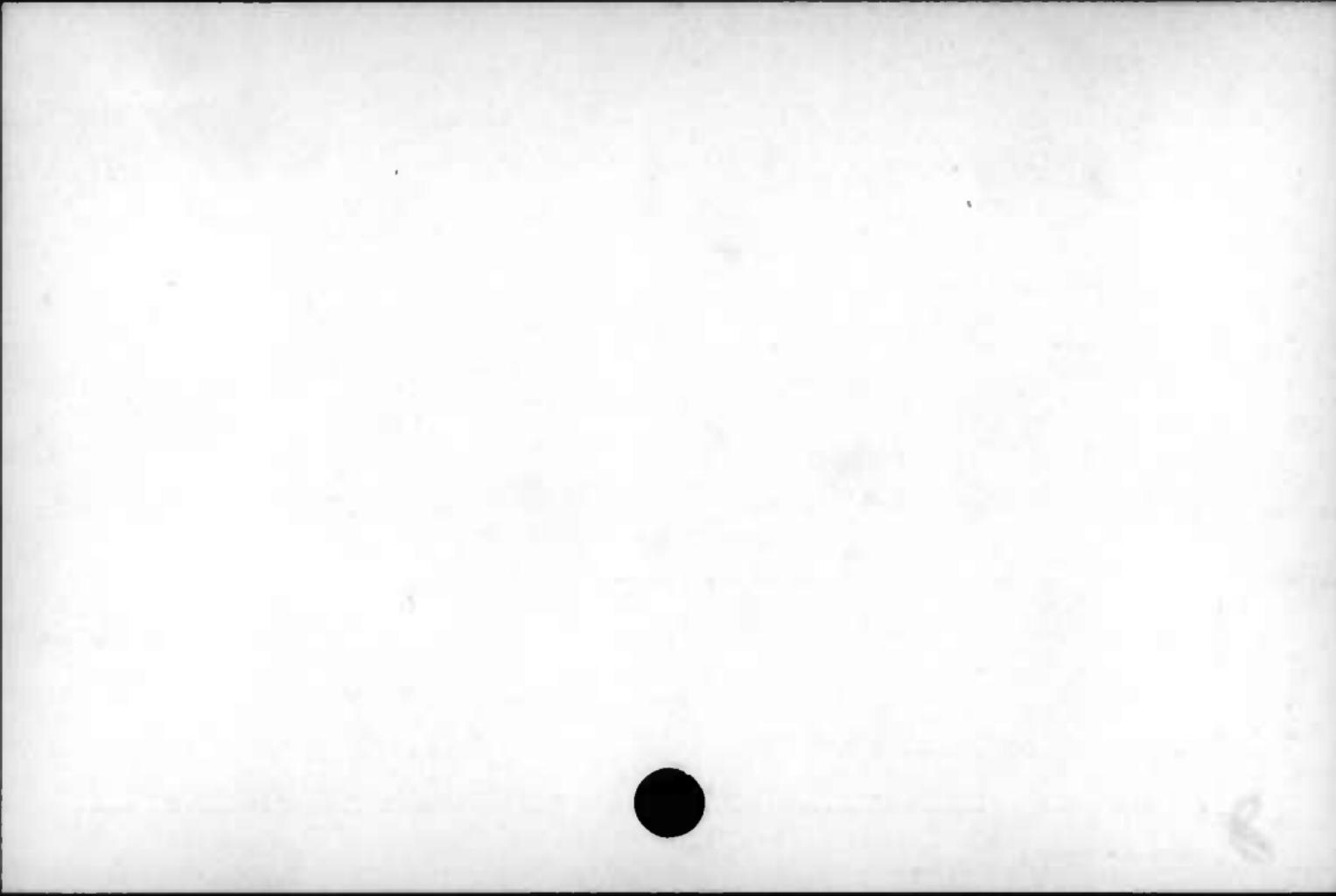
Address

Mt Savage

Md

Accident or Suicide?

Accident



Name
in
Full

Harry Haller

CERTIFICATE OF DEATH

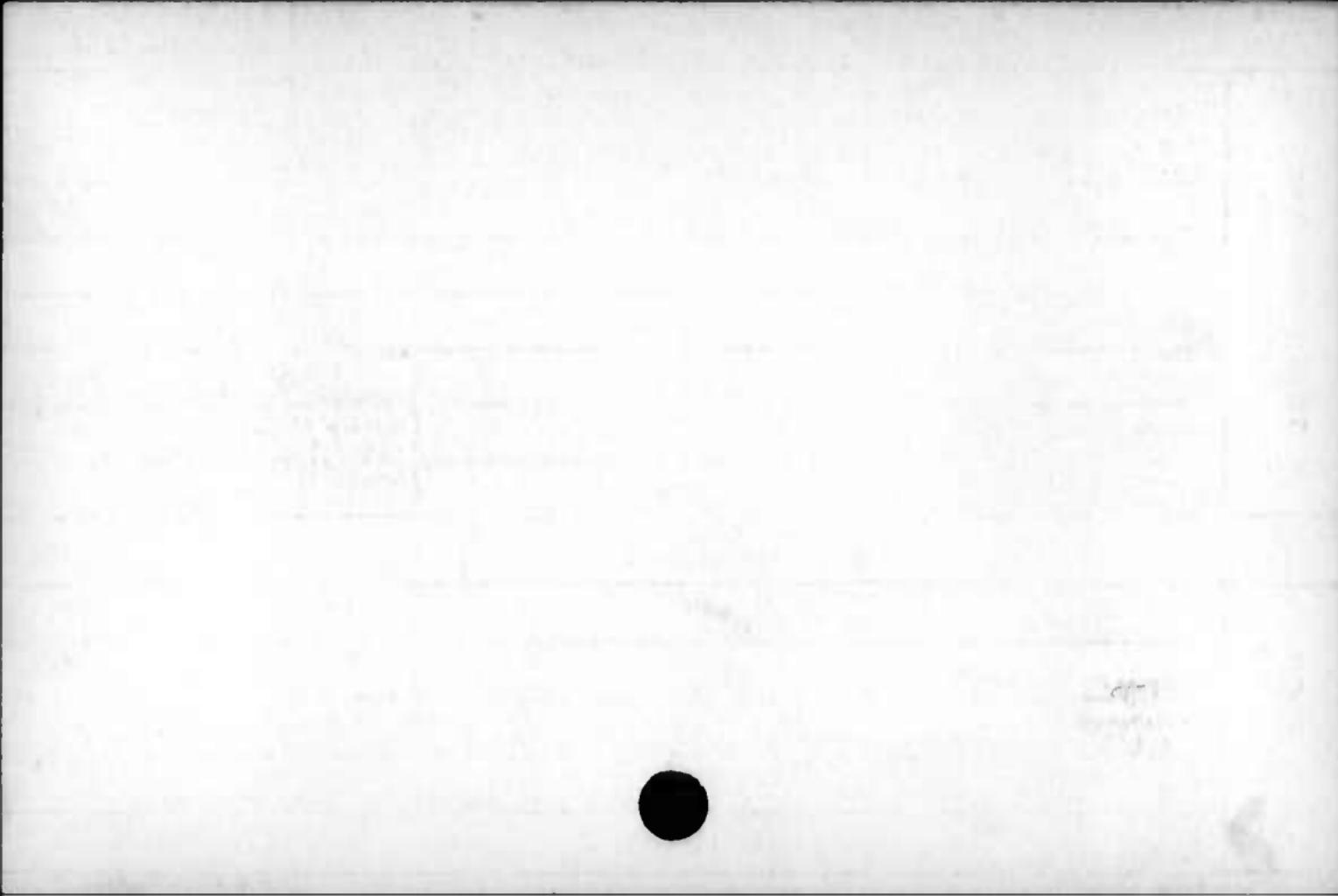
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Died at	Cumberland	Somerset				
Date of death	Month	Day	Years	Months	Days	
1907	Apr.	28	Age 23	-	-	
Sex	male	Color or Race	White	Birth-place	Frederick Md	
Occupation	Drug Clerk.			Where Residing if not at place of death	Frederick	
Married, Single or Widowed	Single		Name of Wife or Husband	-		
Father's Name	Tom Haller			Father's Birthplace	Frederick Md	
Mother's Maiden Name	Don't Know			Mother's Birthplace	Don't Know	
Name of person giving information	Samuel Wenzeliner			How related to deceased	none.	

CAUSES OF DEATH

✓
PHYSICIAN
OR CORONER

Primary	Meningitis.	(61)	How long	Ten days
Immediate	Exhaustion		How long	1 week
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	H. F. Swigg,
			Address	Cumberland, Maryland.
Accident or Suicide?				



Name
in
Full

Katherine J. Hoy —

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumberland</u> Town			County <u>Allegany</u>			MARYLAND	
Date of death <u>1907</u>	Month <u>4</u>	Day <u>13</u>	Age <u>2</u>	Years <u>2</u>	Months <u>8</u>	Days <u>10</u>	
Sex <u>Female</u>	Color or Race <u>White</u>		Birthplace <u>Cumberland</u>				
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name <u>Ralph. Hoy</u>			Father's Birthplace <u>Brockwayville</u>				
Mother's Maiden Name <u>Bulah, Reitz</u>			Mother's Birthplace <u>Cumberland</u>				
Name of person giving Information	How related to deceased						
<u>Ralph. Hoy — Father</u>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Acute Nephritis

119

How long

do not know

Immediate

Uremia

How long

2 days -

Are the name, age, sex, color, date and place correctly given above?

Yes!

Signature of Physician

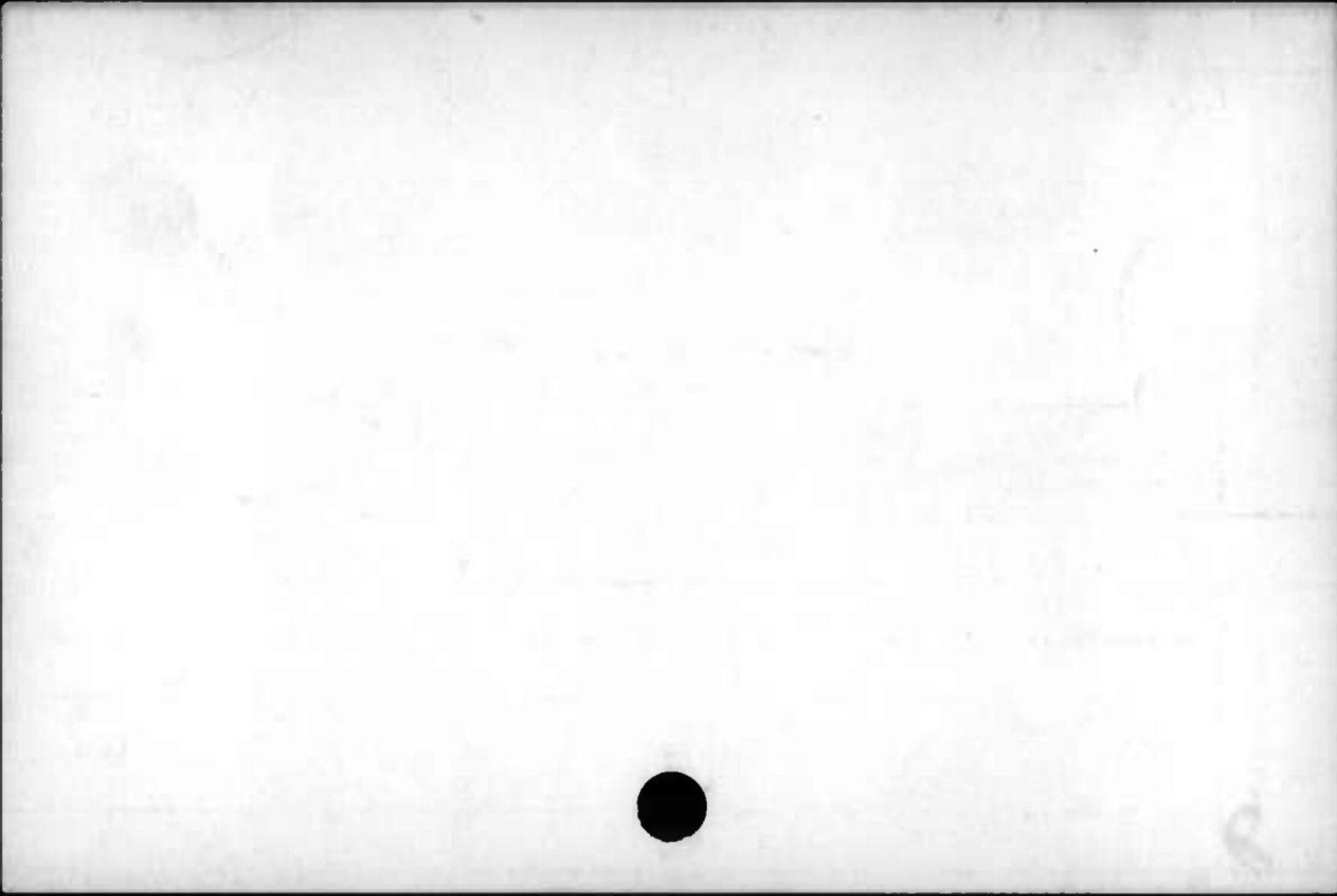
EB Claybrook M.D.

Address

Cumberland

no

Accident or Suicide?



Name
in
Full

Mary Ann Elizabeth Isentout

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1907	Apr	10	68			
Sex	Female	Color or Race	White	Birth- place	Pa	
Occupation	Where Residing if not at place of death					
Married, S- or Widowed	Married	Name of Husband	Charles Isentout			
Father's Name	Henry Fes					
Mother's Maiden Name	Not known					
Name of person giving Information	Thomas Isentout					

CAUSES OF DEATH

120

How long

How long

PHYSICIAN
OR CORONER

Primary

Chronic Bright's Disease for 8 years

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

J. J. Conroy M.D.
Frostburg Md.

Accident or Suicide?

9

to me
already

Name
in
Full

Ann Maria Johnson.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

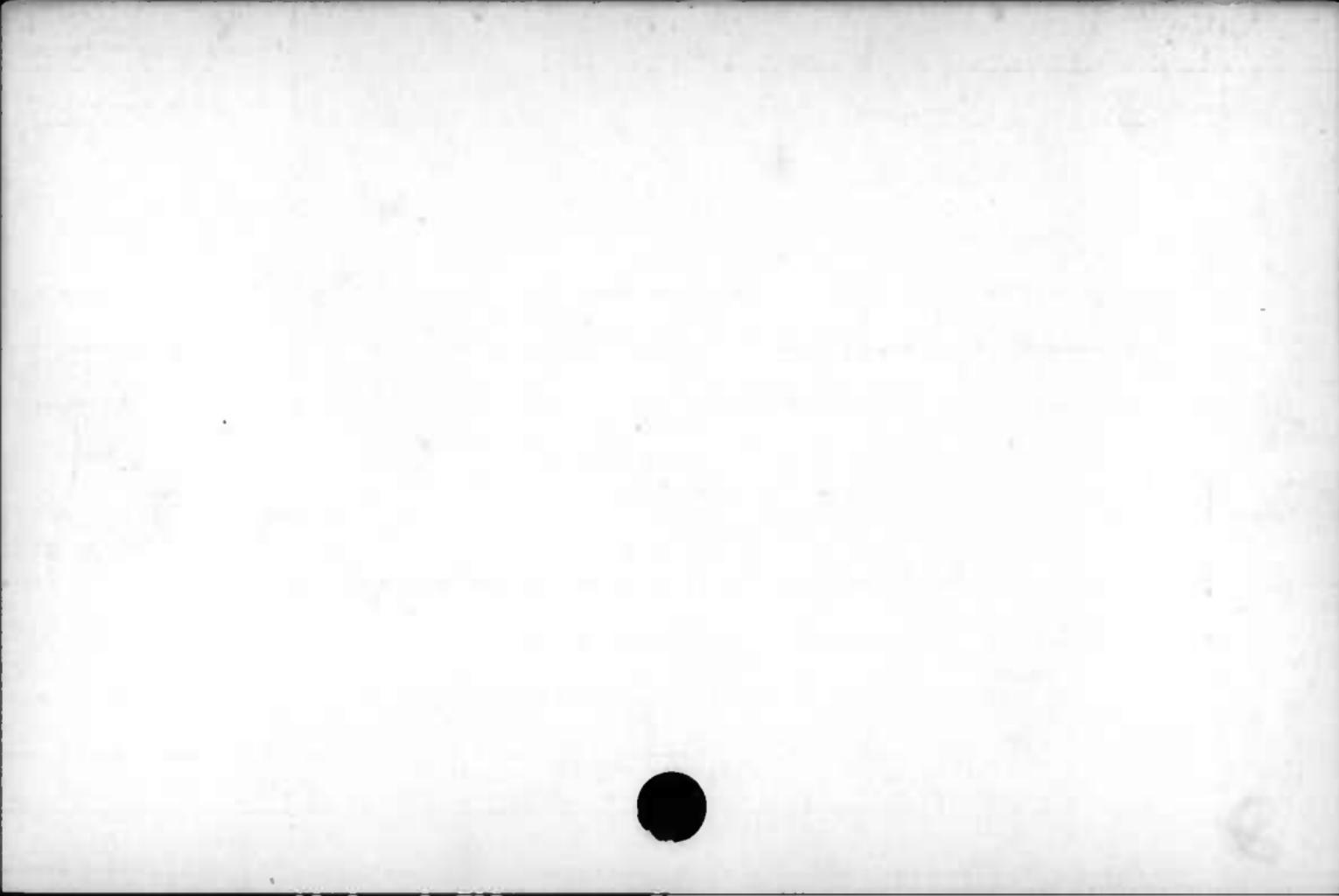
10/21/10

Died at		Town	County		MARYLAND	
Date of death	1907	Month 4	Day 19	Years 84	Months	Days
Sex	Female	Color or Race	White			
Occupation	Housewife		Where Residing if not at place of death			
Married, Single or Widowed	Yes	Name of Wife or Husband	Samuel Johnson			
Father's Name	Nathaniel Bryan.		Father's Birthplace			
Mother's Maiden Name	Nancy Befy		Caliooper, Va			
Name of person giving information	Samuel Johnson.		Mother's Birthplace			
Primary	CAUSES OF DEATH					
Peritonitis						116
Immediate	Exsanguination					
Are the name, age, sex, color, date and place correctly given above?		Yes!		Signature of Physician		How long
				Address		How long

✓
PHYSICIAN
OR CORONER

✓

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

PHYSIAN
OR CORONER

Died at <u>Cumberland</u>		County <u>Allegheny</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>April</u>	Day <u>18</u>	Age <u>65</u>	Years <u>9</u>	Months <u>9</u> Days <u>18</u>
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>Md</u>			
Occupation <u>Laborer</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Mary Croll</u>	Father's Birthplace <u>Dont know</u>			
Father's Name <u>dead</u>	Mother's Birthplace <u>Dont know</u>				
Mother's Maiden Name <u>dead</u>	How related to deceased <u>Cousin</u>				
Name of person giving information <u>David Stern</u>					

CAUSES OF DEATH

104

How long

How long

Primary

Hemorrhage of Stomach.

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes
ster

Signature of Physician

Address

J. P. Martz Coroner
Cumberland

Accident or Suicide?

Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Edmond S. Jones

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Age	Months	Days	
1907	Apr	16	64		1		
Sex	Color or Race		Birth-place		Waller		
M.	W.						
Occupation	Where Residing if not at place of death						
Miner							
Married, Single or Widowed	Name of Wife or Husband		Jane Jones				
S	Edmund Jones		Waller				
Father's Name	Sarah Davis		Waller				
Mother's Maiden Name	Waller		Waller				
Name of person giving information	John Jones						

CAUSES OF DEATH

10

How long

How long

Primary

Chronic Bronchitis, Asthma &
Cardiac Hyp.

Several Years

Immediate

Hyp & Insanity

Two weeks

Are the name, age, sex, color, date and place correctly given above

Signature of Physician

Address

J. Griffeth
Frederick Md

Accident or Suicide?

8

Alleg.

Goller

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at <u>Brostburg Md</u> Town				County <u>allegany</u>		MARYLAND		
Date of death <u>1907</u>	Month <u>April</u>	Day <u>first</u>	Age <u>Thirty</u>	Year		Months	Days	
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Morrist Savage</u>					
Occupation <u>Coal Miner</u>	Where Residing if not at place of death <u>Mt Savage</u>							
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband							
Father's Name <u>John Lilley</u>	Father's Birthplace <u>don't know</u>							
Mother's Maiden Name <u>don't know</u>	Mother's Birthplace <u>don't know</u>							
Name of person giving Information <u>John Brant</u>	How related to deceased <u>son</u>							

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary

Mine accident

How long

few minutes

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

G H Matz Coroner
Bumbevlaw Md

9

Accident or Suicide?

accident

92 Independent Street

8m

Mr. Savage

Name
in
Full

Samuel T. Logsdon -
Eckhart Allegany

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1907	4	19	34	3	4
Sex	male	Color or Race	allegany Co, Md		
Occupation	Saloon keeper		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Marie Clostermann		
Father's Name	Samuel T. Logsdon		Wales		
Mother's Maiden Name	Annie Lewis		Wales		
Name of person giving information	Chas. W. Clostermann		How related to deceased	Brother-in-law	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Nephritis + Pleuritic effusion

120

How long

Immediate

Cardiac exhaustion

Short time

Are the name, age, sex, color, date and place correctly given above?

Yes

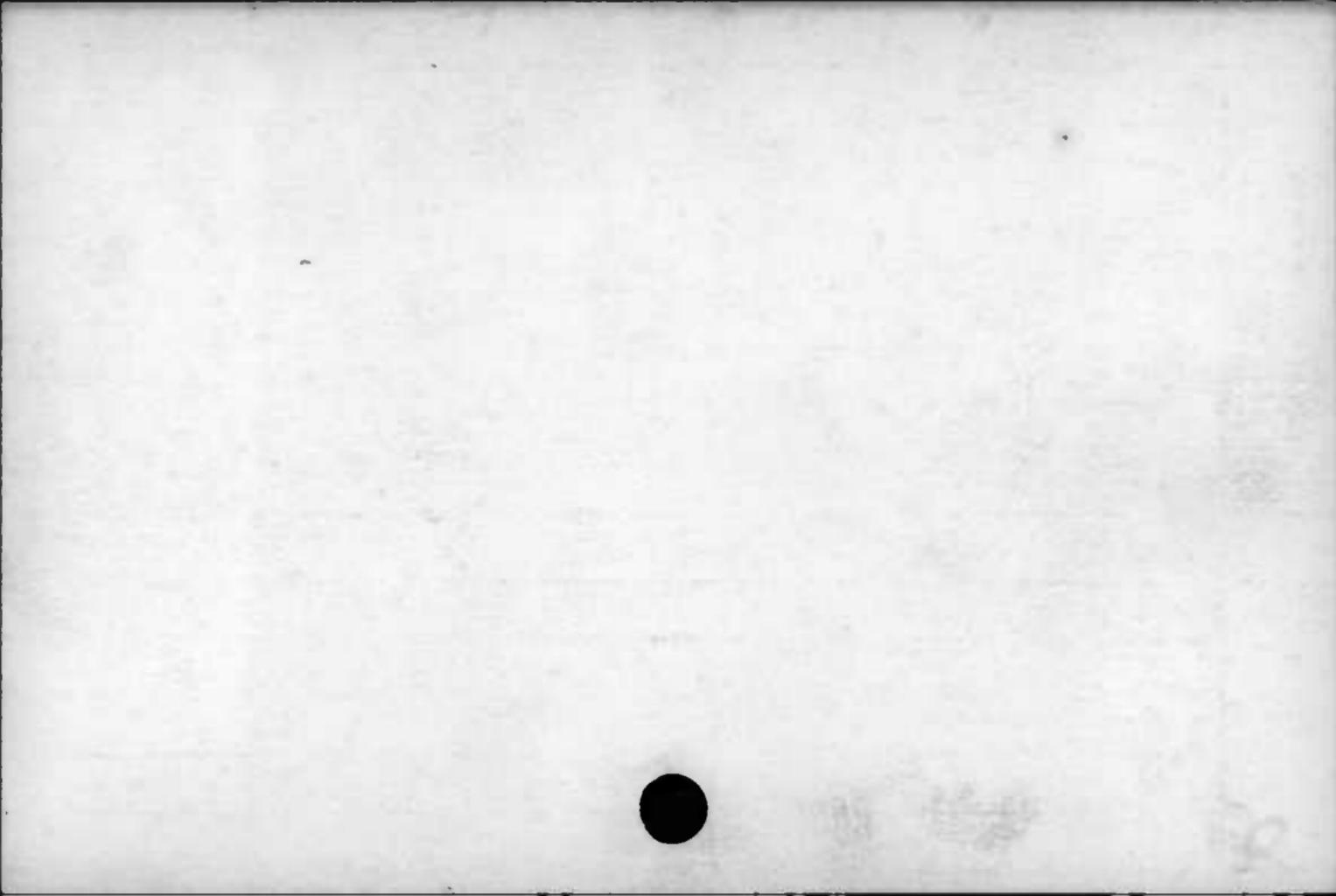
Signature of Physician

Address

J. Clorey
First Street

Accident or Suicide?

No



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

John Thompson & McCormick

CERTIFICATE OF DEATH

Died at Lonaconing

Town

County

MARYLAND

Date
of death

1907

Month

April

Day

4th

Years

Age

70

Months

0

Days

20

Sex

Female

Color or
Race

White

Birth-
place

Scotland

Occupation

Invalid

Where Residing if not
at place of death

Married, Single
or Widowed

Widowed

Name of Wife or
Husband

Alex. McCormick

Father's
Name

John Thompson

Father's
Name

Scotland

Mother's
Maiden Name

Mary Scott

Mother's
Name

Scotland

Name of person giving
Information

Ed. McCormick

How related
to deceased

Son

CAUSES OF DEATH

64

Primary

Cerebral Hemorrhage

How long

3 months

Immediate

Signature of
Physician

Henry M. Hodges

Are the name, age, sex, color, date
and place correctly given above?

Yes

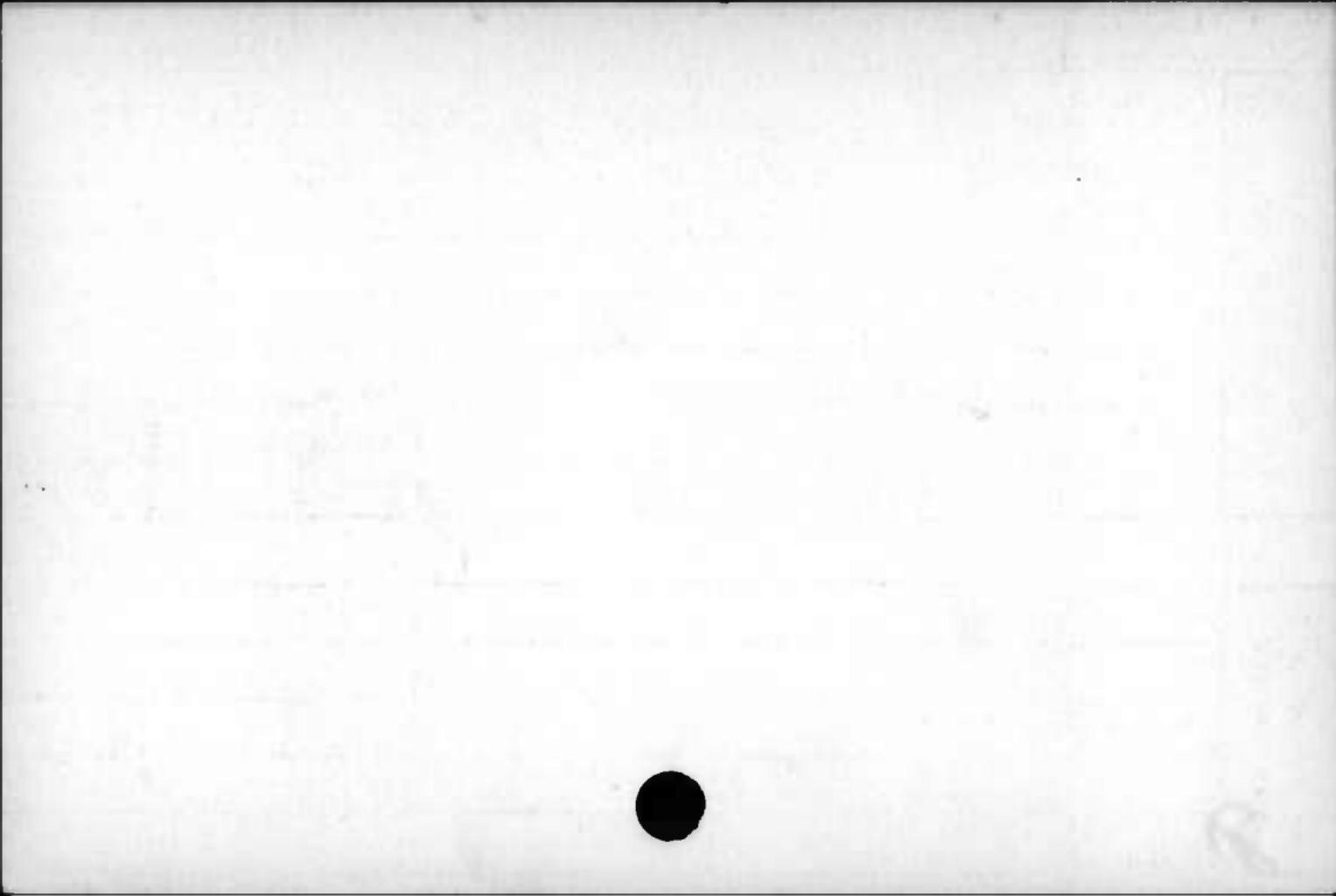
Address

Lonaconing Md

8

Accident or Suicide?

No



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

✓
PHYSICIAN
OR CORONER

Samuel Mansell				CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND	
Date of death	1907	Month Apr.	Day 12	Age 74	Years	Months
Sex	Male	Color or Race	White	Birth-place	England	
Occupation	Carpenter.		Where Residing if not at place of death	Elizabeth Mansell		
Married, Single or Widowed	Married	Name of Wife or Husband	Elizabeth Mansell			
Father's Name	Dont Know		Father's Birthplace	England		
Mother's Maiden Name	Dont Know		Mother's Birthplace	"		
Name of person giving information	Elizabeth Mansell		How related to deceased	Wife		
CAUSES OF DEATH						
Primary	Chronic heart trouble		How long	4 ds.		
Immediate	Pneumonia		How long			
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	Dr Jas. T. Johnson		
Yes			Address	Cumberland Md.		
Accident or Suicide?						

info

May 10 1968

Grade 7

Hom

the three D's are

and

Term 20-28-

Name
in
Full

Mrs Annie M Metzger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1907	ape	30	38	11	14	
Sex	Female	Color or Race	white	Birth-place	md	
Occupation	Housewife		Where Residing if not at place of death	George Metzger		
Married, Single or Widowed	Married	Name of Wife or Husband	George Metzger	Father's Birthplace	md —	
Father's Name	Doris Olivia		George Metzger	Mother's Birthplace	md	
Mother's Maiden Name	Margaret Coffey		George Metzger	How related to deceased	Huband	
Name of person giving information	Geo Metzger			27	How long	

CAUSES OF DEATH

PHYSIAN
OR CORONER

Primary
Tuberculosis

27

1 yr

Immediate
Hemorrhage - Exhaustion

How long

24 hrs

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

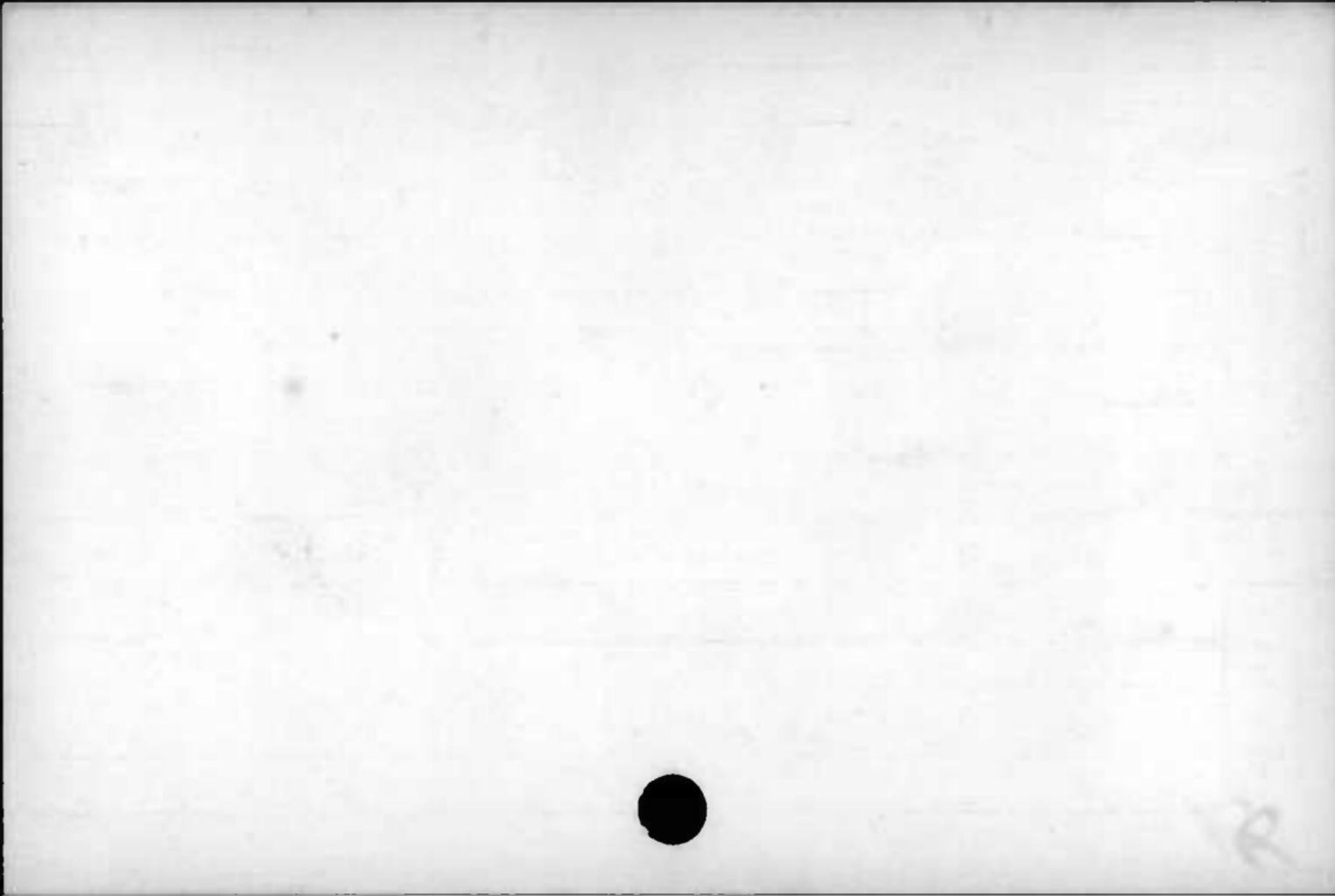
Est Boace

1.S.

Address

Arundel
Md

Accident or Suicide?



Name
in
Full

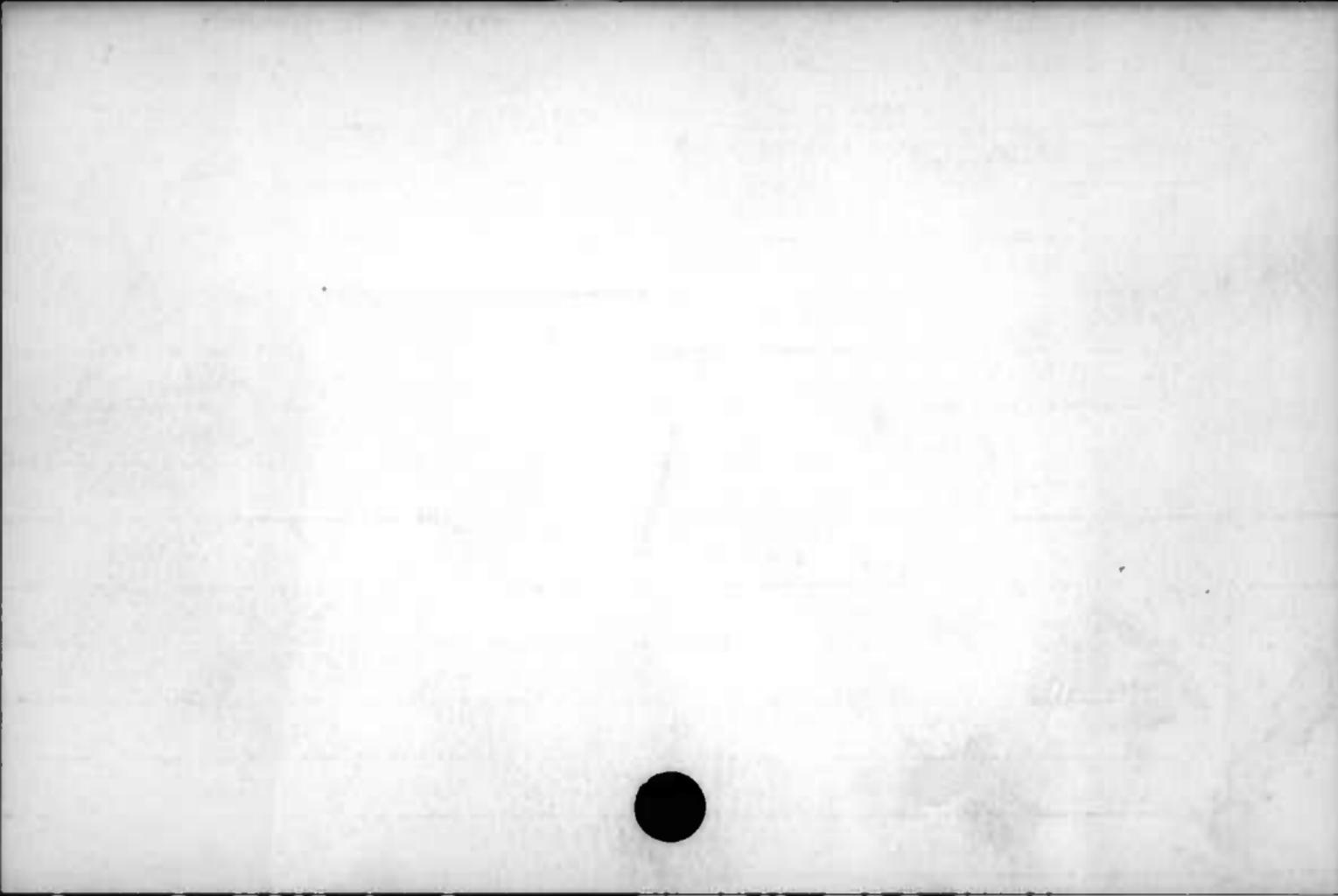
To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Ira Miller

CERTIFICATE OF DEATH

Died at <u>Carlo</u>			County <u>Allegany</u>		MARYLAND		
Date of death <u>1907</u>	Month <u>4</u>	Day <u>1</u>	Years <u>1</u>	Age <u>1</u>	Months <u>0</u>	Days <u>0</u>	
Sex <u>Male</u>	Color or Race <u>White</u>	Birthplace <u>Carlo</u>					
Occupation <u>nd</u>	Where Residing if not at place of death						
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband						
Father's Name <u>Harvey Miller</u>	Father's Birthplace <u>Pa</u>						
Mother's Maiden Name <u>Melissa Postner</u>	Mother's Birthplace <u>Pa</u>						
Name of person giving information <u>Father</u>	How related to deceased						
CAUSES OF DEATH							
Primary <u>Renal Cholie</u>			<u>71</u>				
Immediate <u>Convulsions</u>			<u>6 hours</u>				
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		How long		
<u>yes</u>			<u>Dr. F. L. Clyne</u>		<u>1 hour</u>		
					<u>Middleton</u>		
					<u>Md</u>		
Accident or Suicide?							



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Elta Christina Schramm				CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND	
Date of death 1907	Month April	Day 11th	Age One	Years	Months	Days
Sex Female	Color or Race White	Occupation		Birth-place	Barton Md.	
Married, Single or Widowed	Single					
Name of Wife or Husband						
Father's Name	William Shramm			Father's Birthplace	Barton Md	
Mother's Maiden Name	Eliza Pierce			Mother's Birthplace	Bartow Md	
Name of person giving information	W. Schramm			How related to deceased	Father	

CAUSES OF DEATH

Primary	Convulsions	71	How long
Immediate	Menitis & Gastritis	seven days.	How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. H. McLean M.D.
		Address	Barton, Md.
Accident or Suicide?			

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at <u>Cambridge</u>		Town	<u>Self</u> accepting		County	MARYLAND	
Date of death <u>1907</u>	Month <u>Jul</u>	Day <u>8</u>	Years <u>20</u>	Age <u>Premature</u>	Months <u>—</u>	Days <u>—</u>	
Sex <u>Female</u>	Color or Race <u>white</u>		Where Residing if not at place of death <u>Cambridge and at residence place</u>		Birth-place <u>Cambridge and</u>		
Occupation <u>—</u>							
<u>M</u> , Single or <u>W</u>	Name of Wife or Husband <u>—</u>						
Father's Name <u>Howard & Self</u>					Father's Birthplace <u>va</u>		
Mother's Maiden Name <u>Lucy J. Libel</u>					Mother's Birthplace <u>va</u>		
Name of person giving information <u>Howard & Self</u>					How related to deceased <u>Daughter</u>		

CAUSES OF DEATH

(8)

How long

How long

PHYSICIAN
OR CORONER

Primary

don't know

Immediate

Premature abortion

Are the name, age, sex, color, date and place correctly given above?

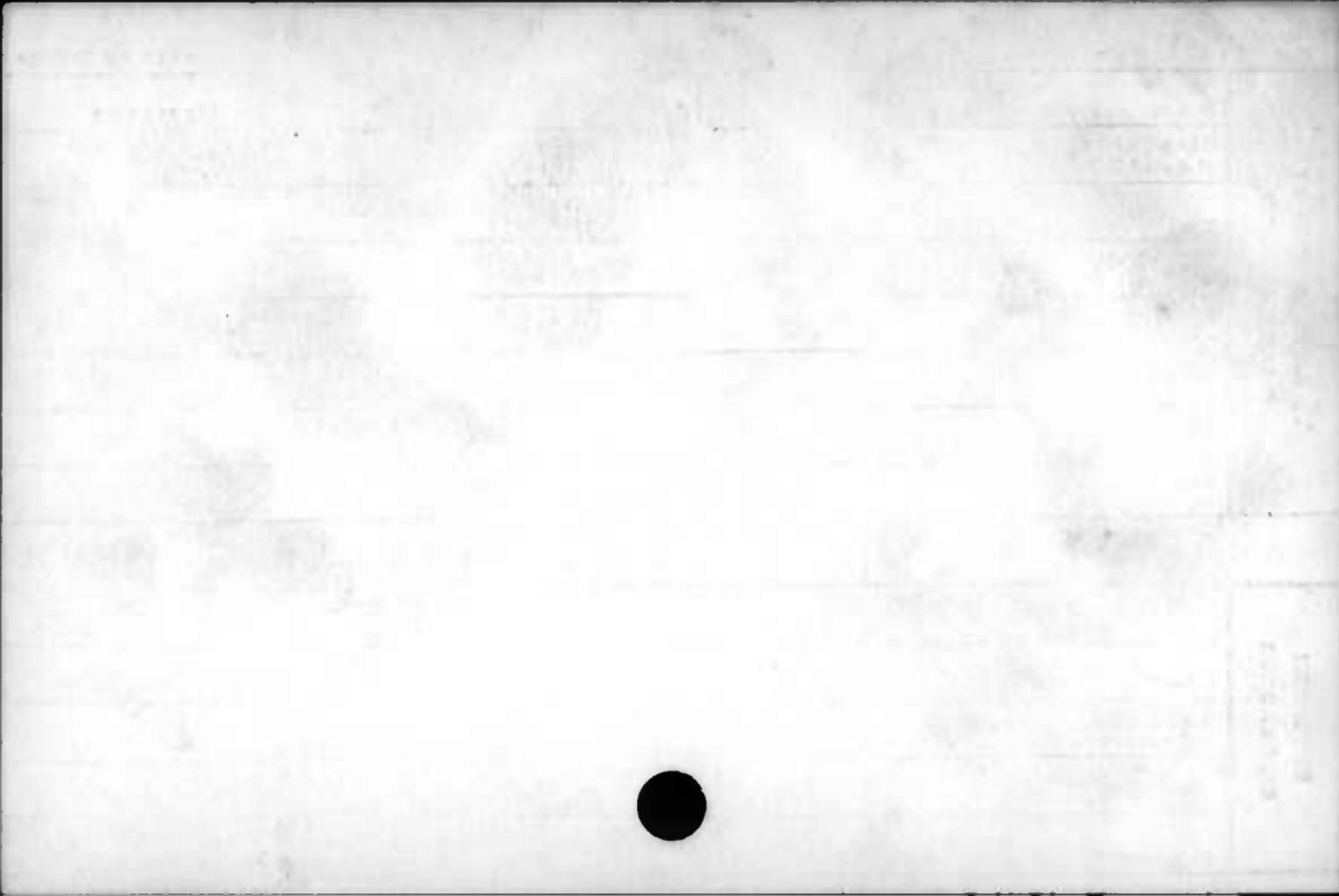
yes

Signature of Physician

Address

Howard & Self
Cambridge
Massachusetts

Accident or Suicide?



Name
in
Full

Infant George Sell

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Cumberland	allegany.			
Date of death	1901	Month	Day	Years	Months
Date of death	1901	Month	Apr.	Day	20
Age				Years	Months
Sex	Male	Color or Race	White	Birth-place	Days
Occupation				Where Residing if not at place of death	
Married, Single or Widowed	Single	Name of Wife or Husband	None		
Father's Name	George Sell			Father's Birthplace	Md.
Mother's Maiden Name	Nellie Sullivan			Mother's Birthplace	Md.
Name of person giving Information	George Sell			How related to deceased	Father

CAUSES OF DEATH

⑧

How long

How long

PHYSICIAN
OR CORONER

Primary

stillborn

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

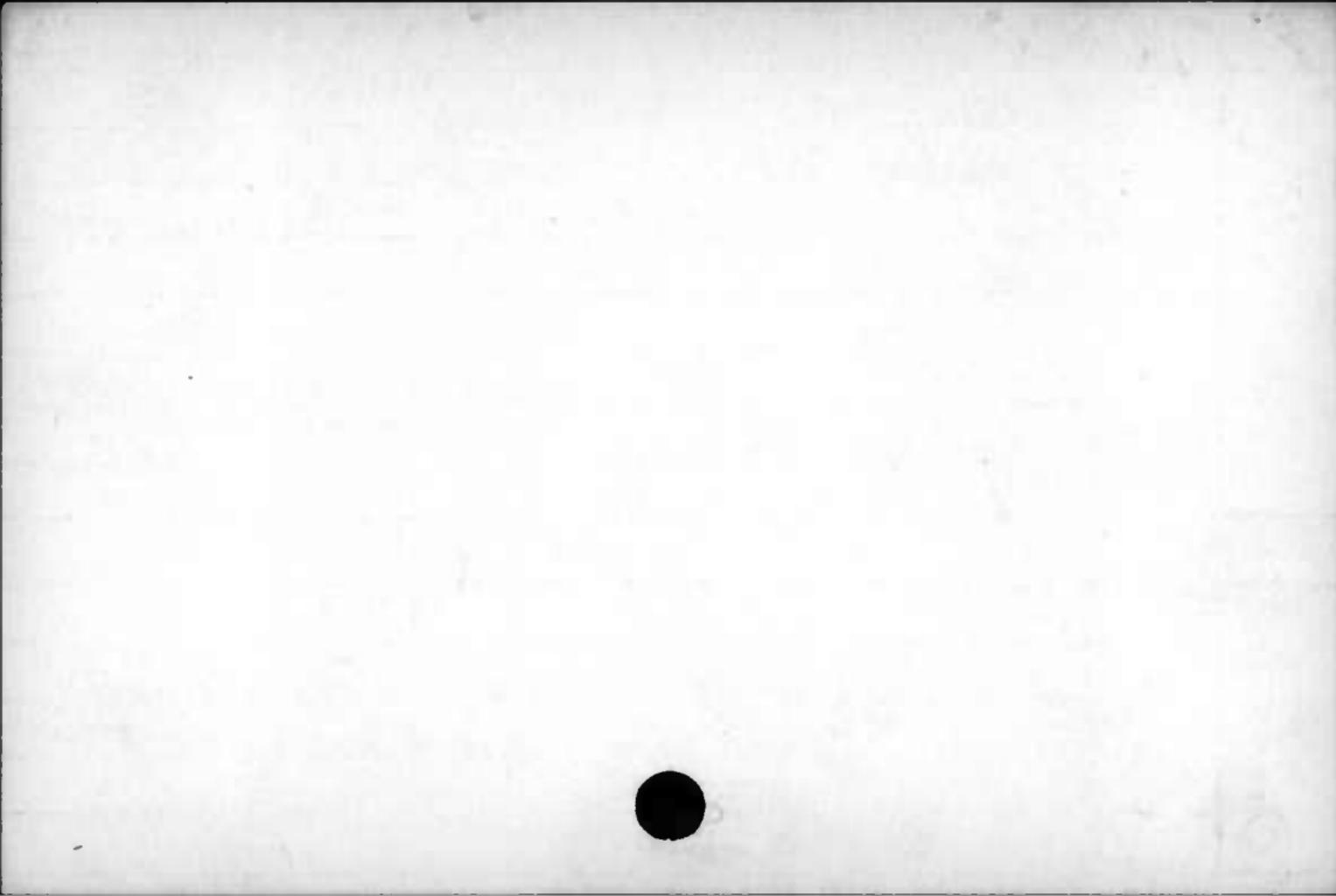
Dr. Thos. McDonald

Address

Cumberland
Md.

Stein'

Accident or Suicide?



Name
in
Full

Charles Shaffer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death 1907	Month April	Day 14	Years 16	Age	Months 2	Days	
Sex Male	Color or Race a white	Birth-place Mt. Savage					
Married, Single or Widowed Single	Occupation Bishgard hand						
Name of Wife or Husband							
Father's Name Harry Shaffer				Father's Birthplace Mt. Savage			
Mother's Maiden Name Clara Leasme				Mother's Birthplace Mt. Savage			
Name of person giving information Harry Leasme				How related to deceased Uncle			

CAUSES OF DEATH

47

PHYSICIAN
OR CORONER

Primary	Dysthymic Rheumatism		How long 3 mos
Immediate	Acute Second Drenitis		How long 3 or 4
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician F. Alan G. Murray		Address Mt. Savage Md
8			
Accident or Suicide?			



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Infant of <u>Shearer</u>				CERTIFICATE OF DEATH		
Died at <u>Cumberland</u> Town		<u>Allegany</u> County		<u>MARYLAND</u>		
Date of death <u>1907</u>	Month <u>4</u>	Day <u>22</u>	Age <u>Still</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>white</u>			Birth-place	<u>Cumberland</u>	
Occupation			Where Residing if not at place of death			
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband				
Father's Name	<u>W. A. Shearer</u>		Father's Birthplace			<u>Cumberland</u>
Mother's Maiden Name	<u>Grace Grubbs</u>		Mother's Birthplace			<u>Cumberland</u>
Name of person giving Information	<u>Mrs. Shearer</u>		How related to deceased			<u>Mother-in-Law</u>

CAUSES OF DEATH

(8)

How long

Primary

Stillborn

How long

Immediate

Signature of
Physician

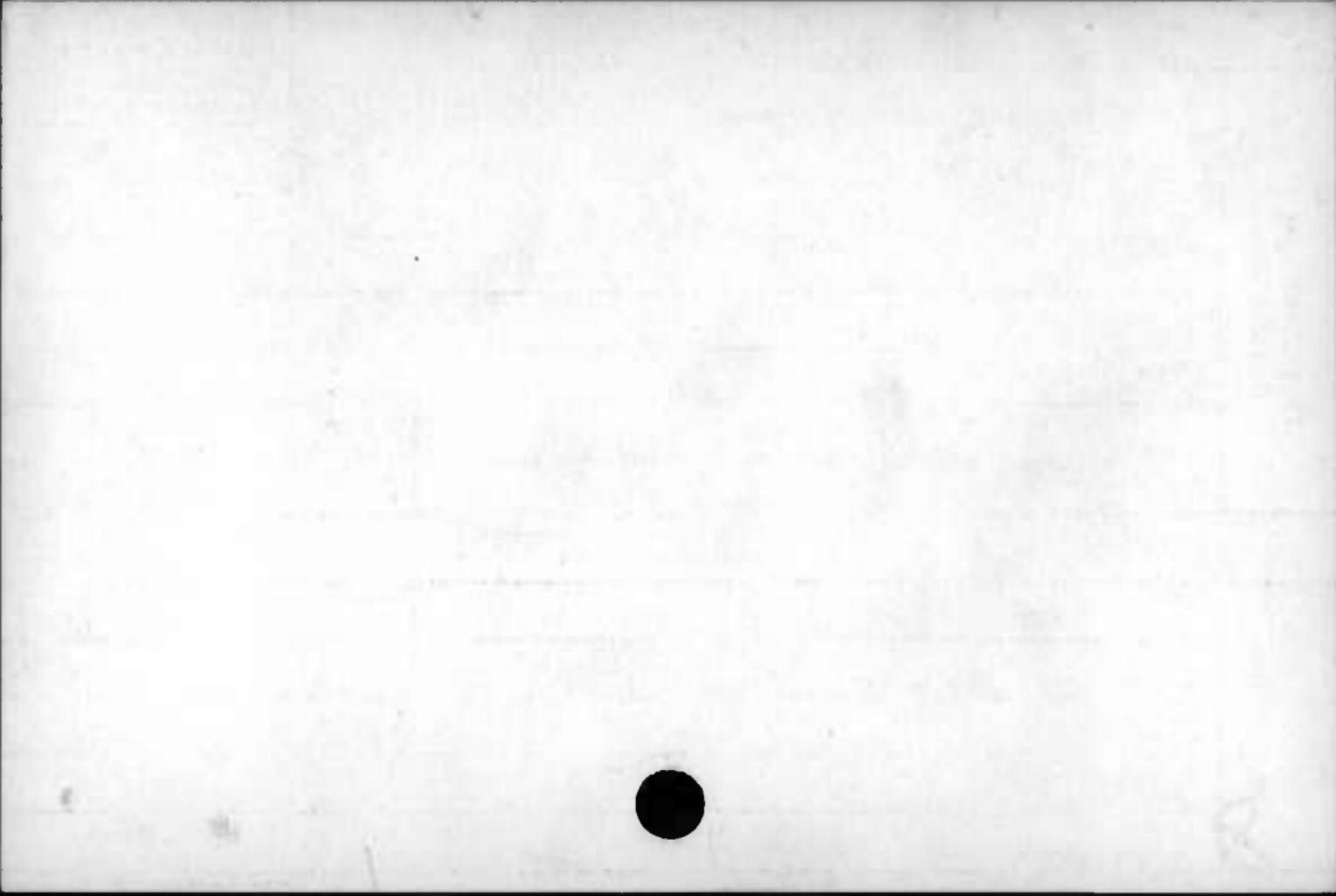
Are the name, age, sex, color, date
and place correctly given above?

yes

Address

J. Shearer
Cumberland

Accident or Suicide?



Name
in
Full

James A Shober

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County		MARYLAND	
Died at	Cumberland	Alle			
Date of death	Month	Day	Years	Months	Days
1907	April	2	Age	6	6
Sex	Male	Color or Race	White	Birth-place	Md
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband		Father's Birthplace	Md
Father's Name	Albert F. Shober				Mother's Birthplace
Mother's Maiden Name	Anna Creutzburg				md
Name of person giving information	Albert Shober				How related to deceased

CAUSES OF DEATH

Primary

Meningitis

(61)

How long

5 days

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

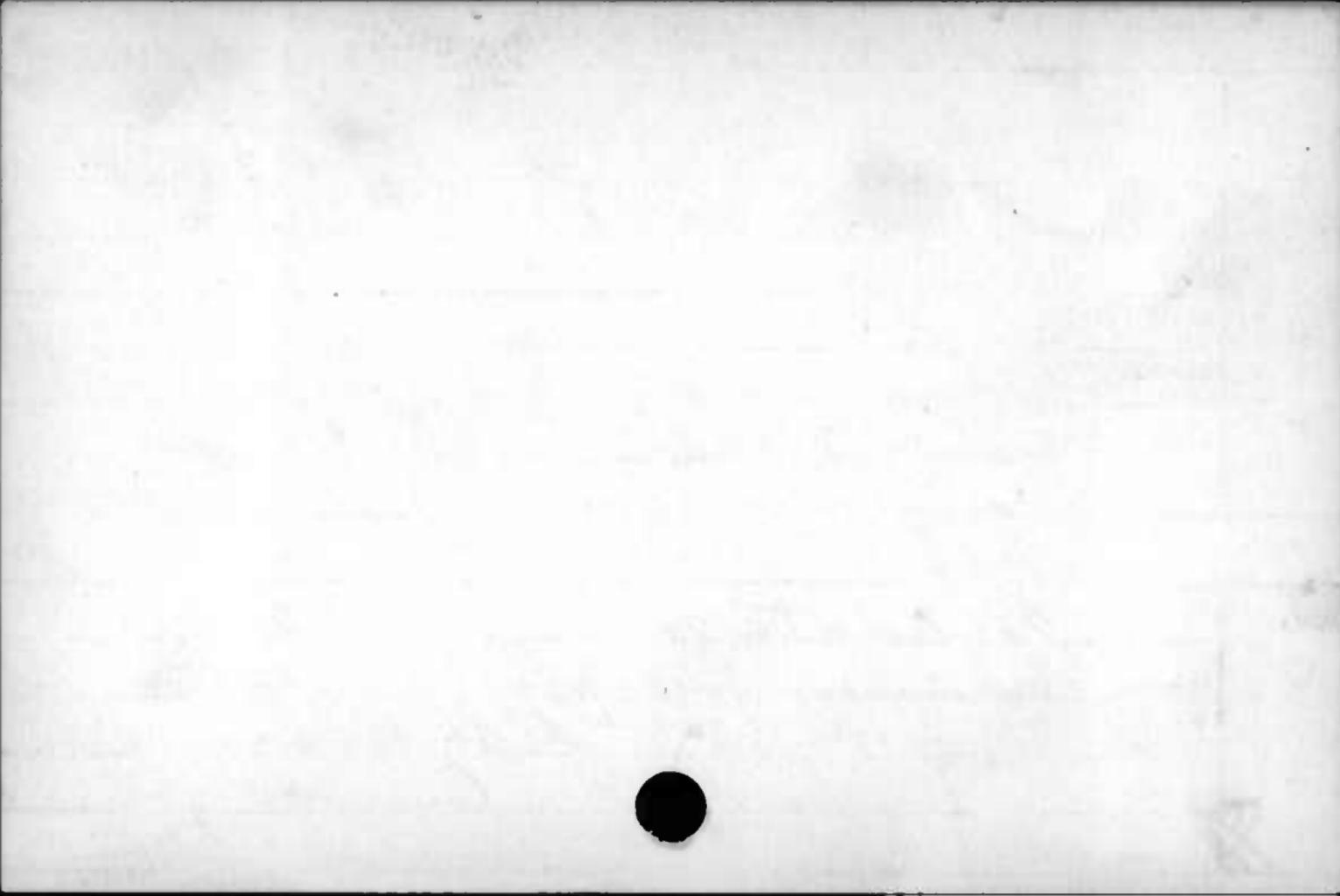
Yes

Signature of Physician

Address

Dr. Jas. T. Johnson
Cumberland
Md.

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Thomas Charles Shroyer

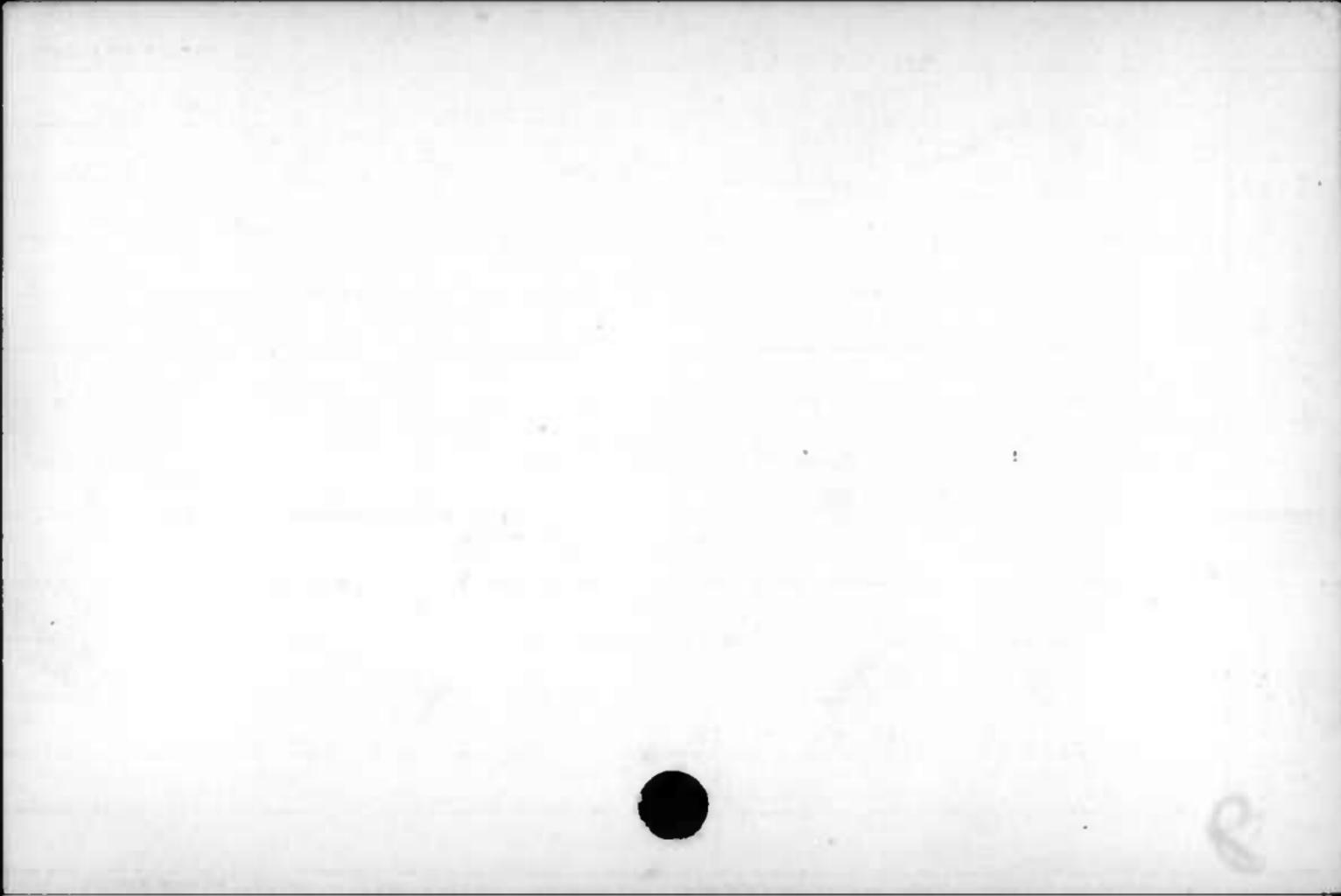
CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1907	Month apr	Day 12	Years —	Months 2	Days —	
Sex	Male	Color or Race	White	Birth-place	Cumberland		
Occupation	—	Where Residing if not at place of death			—		
Married, Single or Widowed	single	Name of Wife or Husband	—				
Father's Name	Walter Shroyer			Father's Birthplace	Cumberland		
Mother's Maiden Name	Ida Dodson			Mother's Birthplace	Cumberland		
Name of person giving Information	Ida Shroyer			How related to deceased	Mother.		

CAUSES OF DEATH

151

Primary	Inanition		How long	2mos
Immediate	Exhaustion - Coma		How long	12 hrs
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Est Brace	
g		Address	Cumberland Md	
Accident or Suicide?				



TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Susa A Stallings

CERTIFICATE OF DEATH

Died at		Town	County	MARYLAND		
Date of death	1907	Month Apr.	Day 8	Years	Months	Days
Sex	Female	Color or Race	White	Birth-place		
Occupation	Housewife.		Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Norman A Stallings			
Father's Name	Chas Turigg		Father's Birthplace	alleg. Co.		
Mother's Maiden Name			Mother's Birthplace			
Name of person giving information	O. Garland		How related	None		

CAUSES OF DEATH

27

How long

4 gr.

How long

Primary

Tuberculosis -

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

W. J. Turigg,
Cumberland,
Md.

Accident or Suicide

0/70/10/16

Apr. 1907

Name
in
Full

Mecoli Stannemough

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at <u>Saint - Woodland -</u>		Town	County <u>Allegany</u>	MARYLAND		
Date of death <u>1907</u>	Month <u>April</u>	Day <u>28</u>	Age <u>2</u>	Years	Months <u>2</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Shamokin Pa.</u>			
Occupation <u>none</u>	Where Residing if not at place of death <u>none</u>					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>none</u>					
Father's Name <u>Meter-Stannemough</u>				Father's Birthplace <u>Austria</u>		
Mother's Maiden Name <u>Yala Mudrick</u>				Mother's Birthplace <u>Austria</u>		
Name of person being informed <u>Meter Stannemough</u>				How related to deceased <u>Father</u>		

CAUSES OF DEATH

179

Primary Not been ill 6 hours - Had eaten fresh J Bologna
 How long none

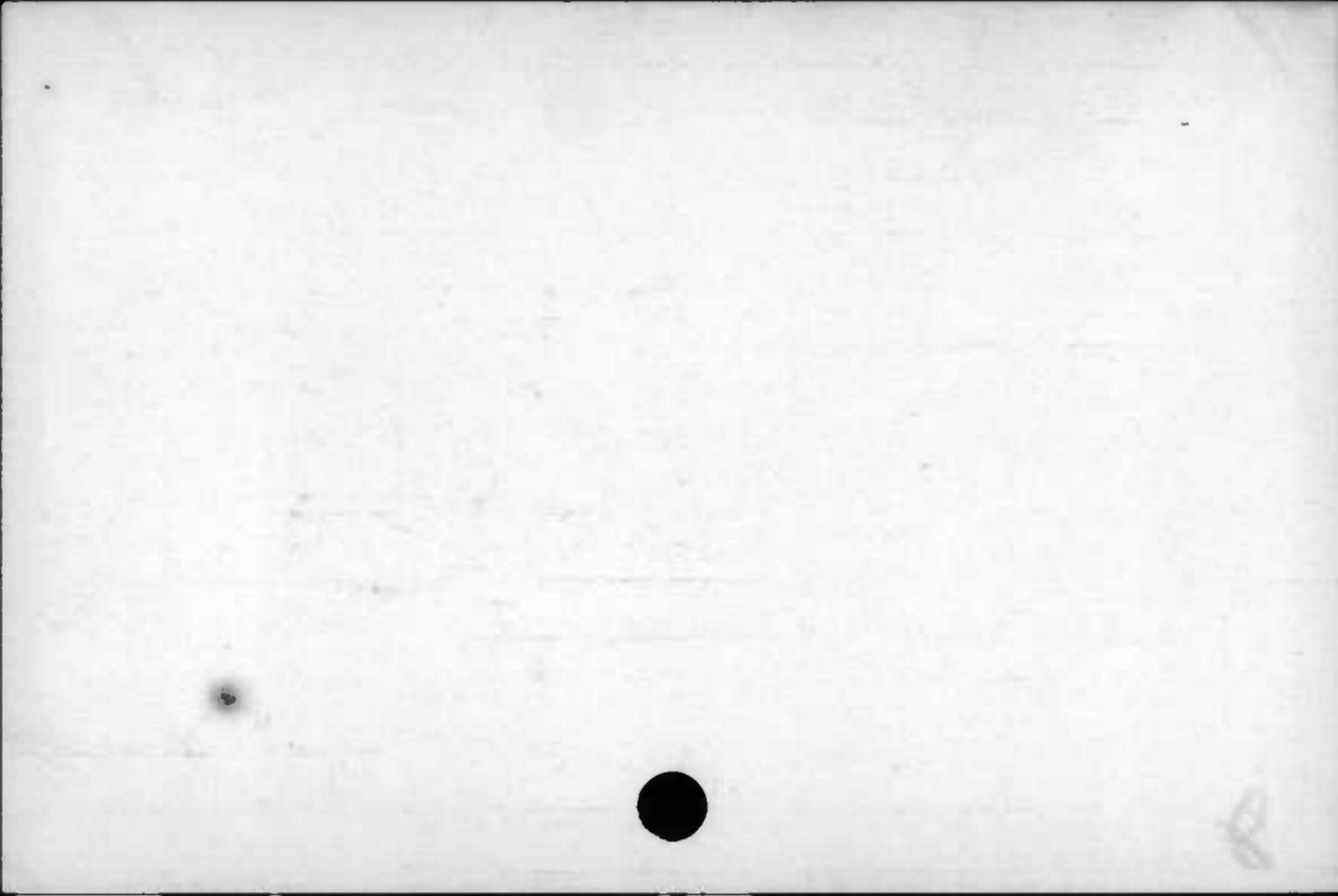
Immediate probably Plomian poisonings
 How long none

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician James O. Bullock M.D.
 Address Montgomery M.D.

J

Accident or Suicide? no



Johnson Steckman CERTIFICATE OF DEATH

Died at **Cumberland** Town

County

MARYLAND

Date of death

Month

Day

Years

Age

51

Months

11

Days

18 0a

Sex

Color or Race

White

Birth-place

Bedford Co

Occupation

Where Residing if not
at place of death**Cumberland, Maryland**Married, Single
or WidowedName of Wife or
Husband**Mary Steckman**

Father's Name

Geo Steckman

Father's Birthplace

Clearville Pa

Mother's Maiden Name

Johnson

Mother's Birthplace

UnknownName of person giving
Information**Geo Steckman**How related
to deceased

79

CAUSES OF DEATH

Primary

Cardiac Dilatation

How long

few yrs.

Immediate

Exhaustion

How long

few daysAre the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

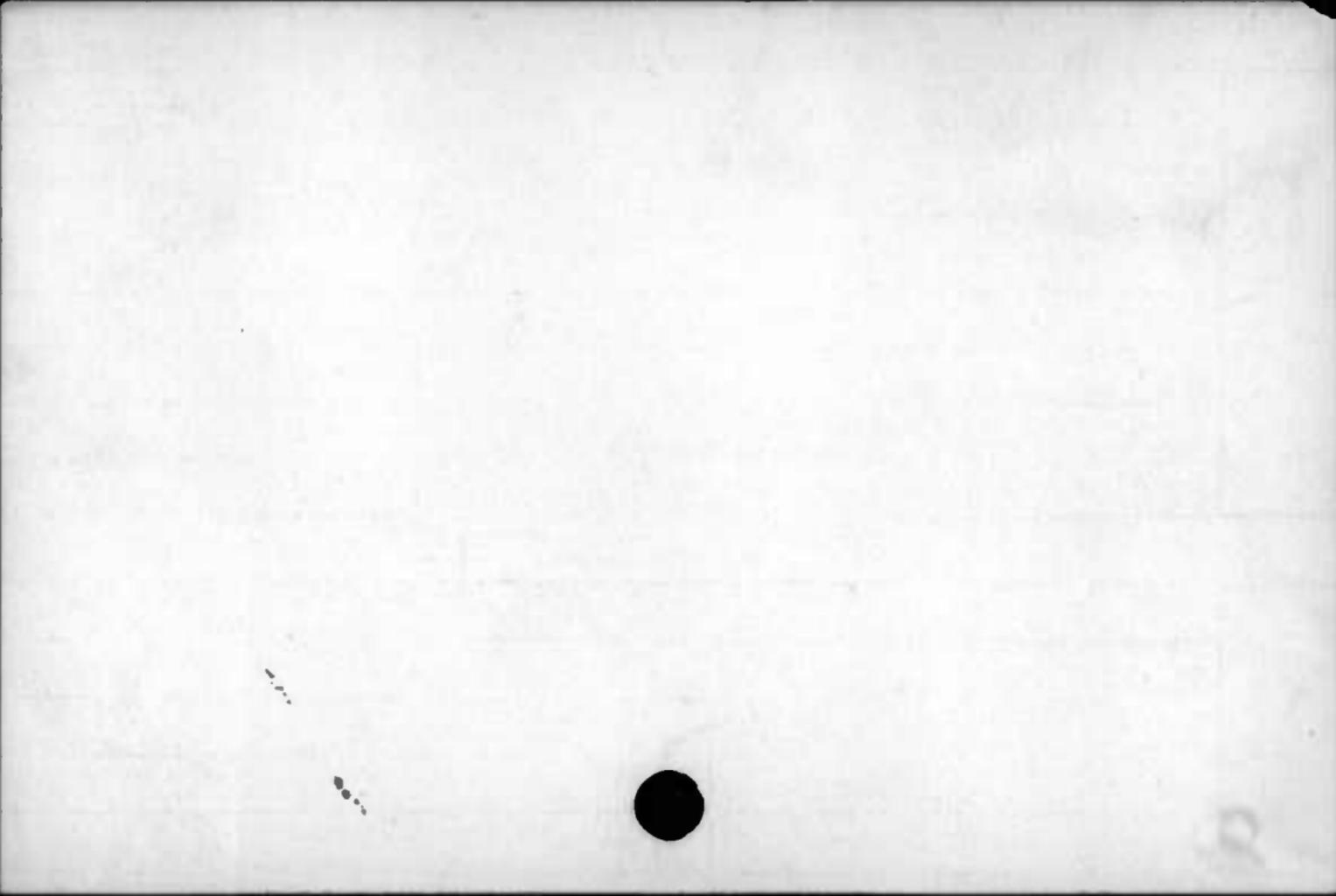
Address

Edward Harris, M.D.**Cumberland****Maryland**

8

Accident or Suicide?

No



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Agnes Stegmeier

CERTIFICATE OF DEATH

Died at <u>near Cumberland</u>		Town <u>allegany</u>		County		MARYLAND		
Date of death <u>1907</u>	Month <u>Apr</u>	Day <u>12</u>	Years <u>15</u>	Age <u>15</u>		Months <u>11</u>	Days	
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>near Cumbd</u>						
Occupation <u>Student</u>	Where Residing if not at place of death							
Married, Single or Widowed <u>single</u>	Name of Wife or Husband <u>—</u>							
Father's Name <u>Leonard Stegmeier</u>	Father's Birthplace <u>Germany</u>							
Mother's Maiden Name <u>Bertrude Heck</u>	Mother's Birthplace <u>va</u>							
Name of person giving Information <u>Leonard Stegmeier</u>	How related to deceased <u>Father</u>							

CAUSES OF DEATH

Primary

Typhoid Fever

How long

2 wks.

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

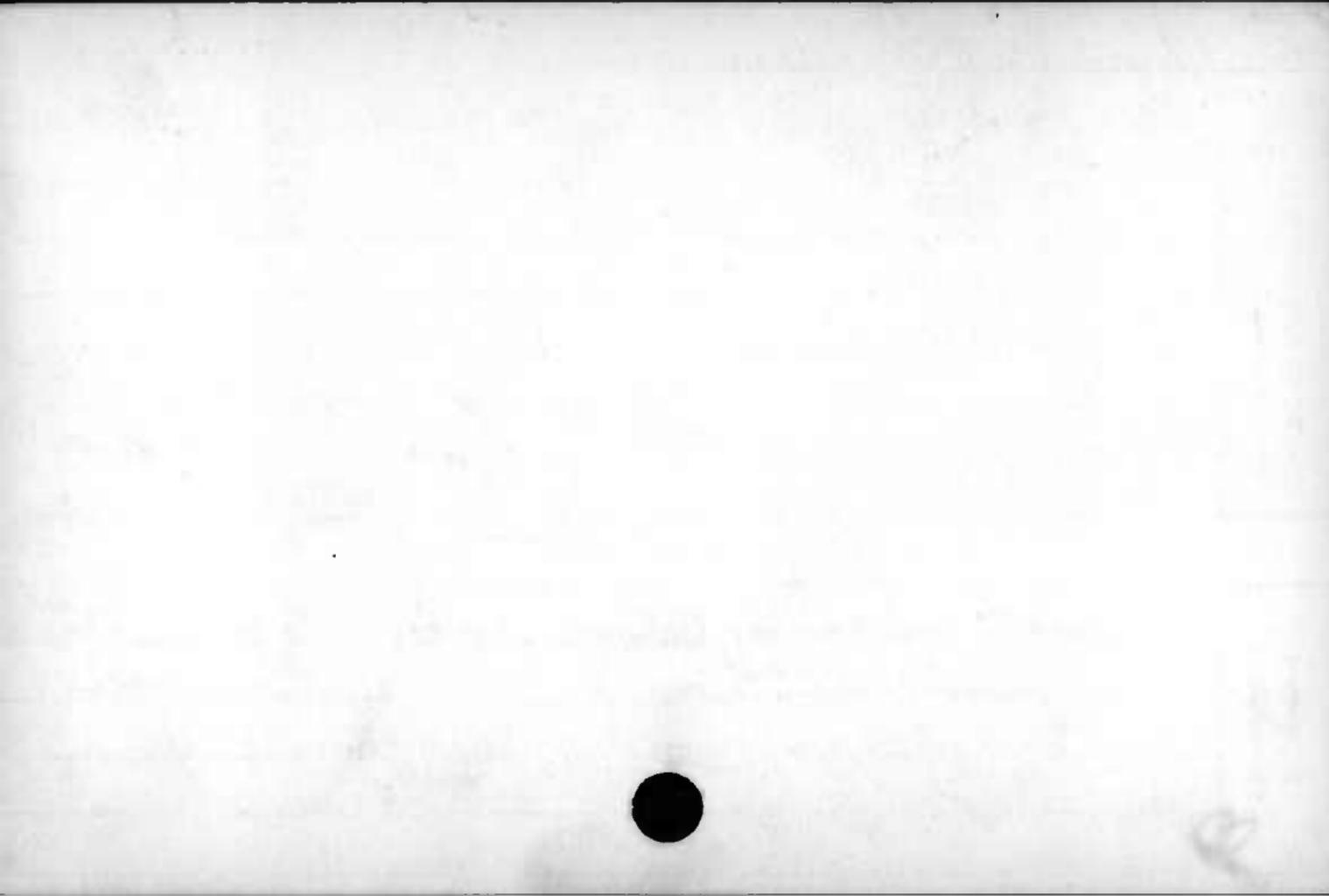
Signature of Physician

Dr. Thos Koon

Address

Cumberland
Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1907	Month April	Day 7	Age 62	Years	Months
Sex	Husband	Color or Race	White	Birth-place	Scotland	
Occupation	Housewife		Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Husband	Robert Thimball Sr			
Father's Name	Thomas Dobson		Father's Birthplace	Scotland		
Mother's Maiden Name	Mary Patterson		Mother's Birthplace	" "		
Name of person giving information	Isaac Thimball		How related to deceased	Son		

CAUSES OF DEATH

64

How long

Some months

How long

48 hours

PHYSICIAN
OR CORONER

Primary

Cancer of Liver

Immediate

Cerebral hemorrhage

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

E. B. Skilling MD

Loganberry,

Accident or Suicide?

2-453

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Anna Pimperlake

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death 1903	Month April	Day 20	Years 25	Months	Days
Sex Female	Color or Race	Where Residing if not at place of death	Va		
Occupation housewife					
Married, Single or Widowed Single	Name of Wife or Husband				
Father's Name			Father's Birthplace	Don't know	
Mother's Maiden Name	11	11	Mother's Birthplace	" "	
Name of person giving Information	Rev G.W. A. Guas		How related to deceased	none	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

Acute miliary tuberculosis 6 months

Immediate

heart failure

How long

How long

three weeks.

Are the name, age, sex, color, date and place correctly given above?

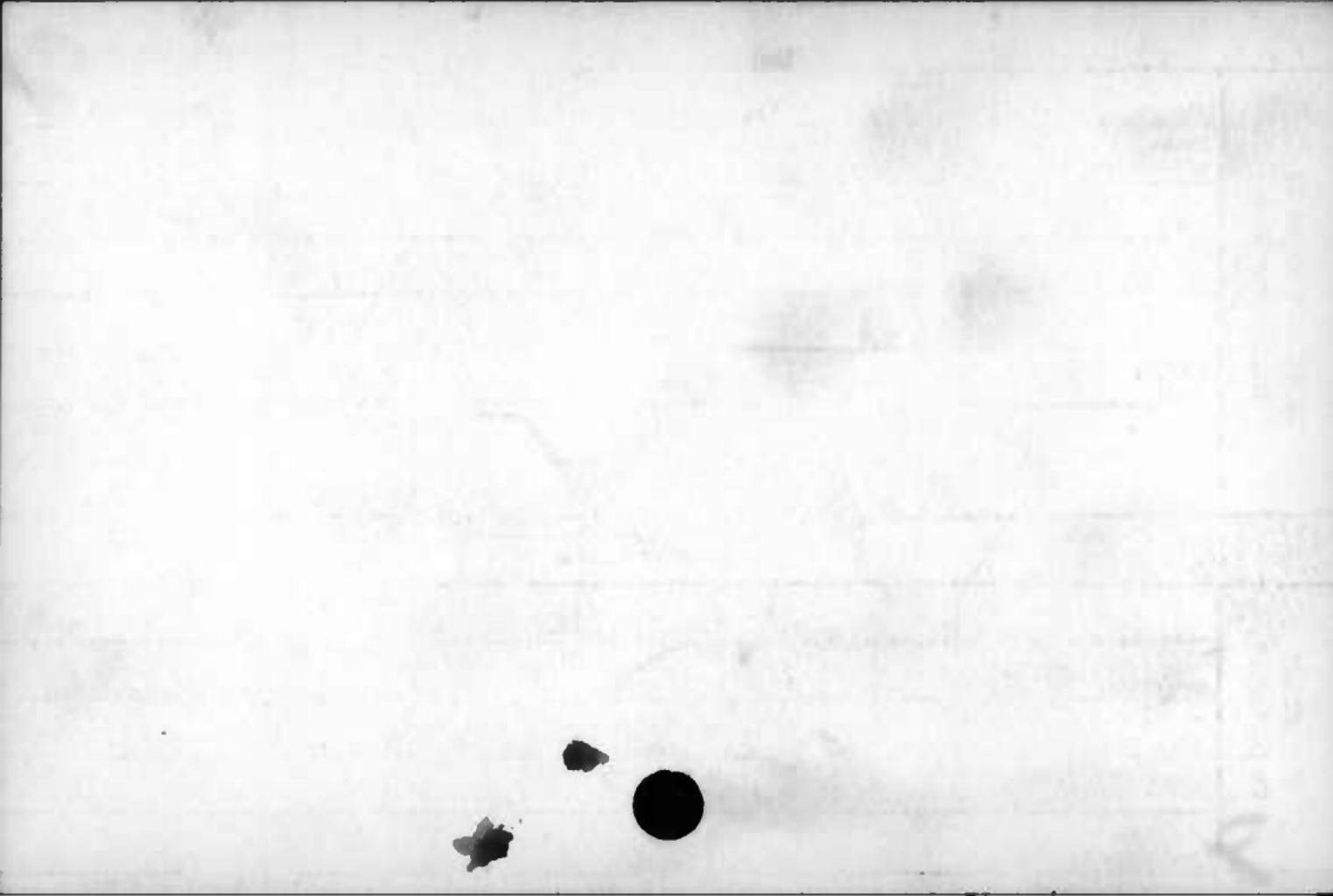
Signature of Physician

Steve

Address

Surgeon General
#63 N. Mechanic
Street

Accident or Suicide?



Mrs Thomas Pimball
Lonaconing Allegany MARYLAND

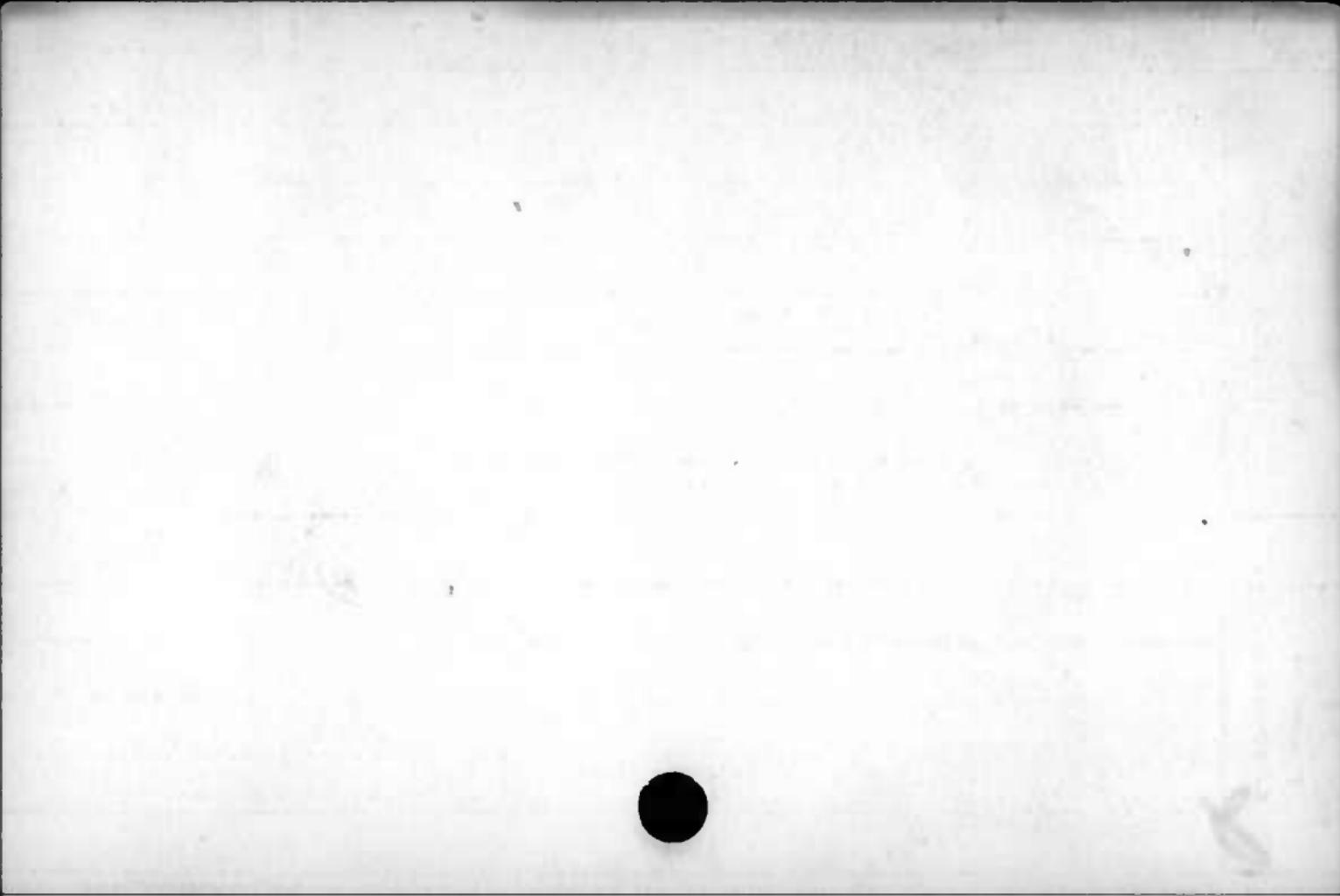
CERTIFICATE OF DEATH

Died at		Town	County			
Date of death 1907	Month April	Day 4	Years 52	Months	Days	
Sex	Color or Race		Age	Birthplace		
Occupation			Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Thomas Pimball		Father's Birthplace	Wales	
Father's Name	James Thomas		Mother's Birthplace		Wales	
Mother's Maiden Name	Elizabeth Pippis		How related to deceased		Father in law	
Name of person giving information	John Pimball Jr					

CAUSES OF DEATH

(27)

Primary	Pulmonary tuberculosis		How long	Three months	
Immediate	Cerebral hemorrhage		How long	24 hrs	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	W. B. Skilling M.D.	
			Address	Lonaconing	
Accident or Suicide?		yes			



Infant of Winton Ringer						CERTIFICATE OF DEATH	
Died at		Town	County		MARYLAND		
Date of death 1907	Month Apr.	Day 6.	Age	Years	Months	Days	
Sex Female	Color or Race		White.		Birth-place		
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Single.		Name of Wife or Husband				
Father's Name	Winton Ringer				Father's Birthplace		
Mother's Maiden Name	Rebecca Brashers				Mother's Birthplace		
Name of person giving information	Winton Ringer				How related to deceased		

CAUSES OF DEATH

(179)

Primary Cause of Death Unknown
How long

Immediate found dead in Bed
How long

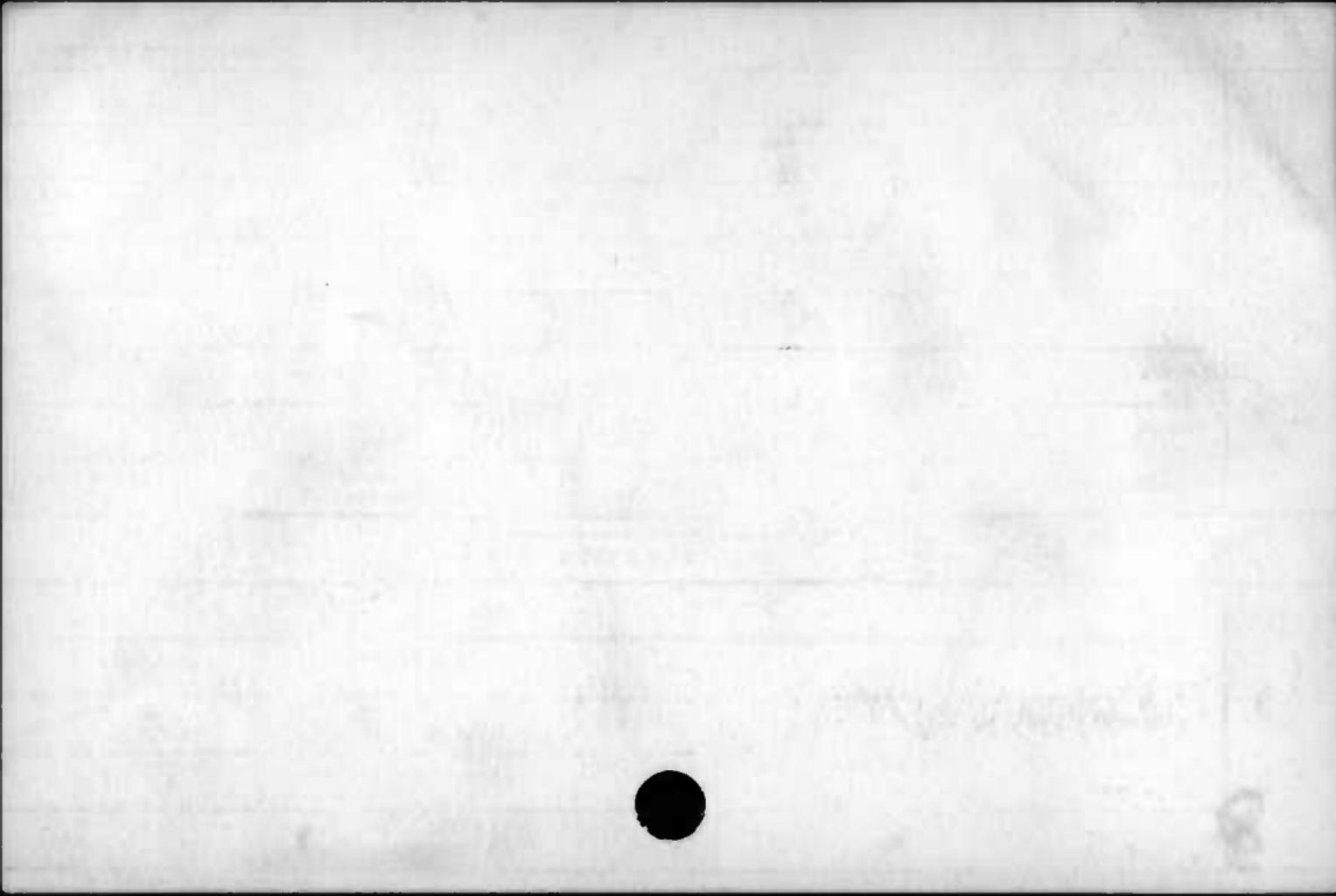
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

G. H. May, Coroner
Cumberland, Md.

8
Accident or Suicide?



Name
in
Full

Charles Wilson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Cumberland</u>		Town <u>Town</u> County <u>Allen</u>		MARYLAND		
Date of death <u>1907</u>	Month <u>April</u>	Day <u>11</u>	Years <u>4</u>	Age <u>4</u>	Months <u>3</u>	Days <u>18</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>					
Father's Name <u>Chas E Wilson</u>	Name of Father <u>—</u>		Father's Birthplace <u>W.W.a</u>			
Mother's Maiden Name <u>Minnie B Walling</u>	Name of Mother <u>—</u>		Mother's Birthplace <u>WVa</u>			
Name of person giving information <u>Father</u>			How related to deceased <u>88</u>		<u>Father</u>	

CAUSES OF DEATH

Primary Spasmodic Paroxysm & Ordinary of Father How long 1 1/2 day
Immediate Exhaustion How long 1/2 day

Are the name, age, sex, color, date and place correctly given above?

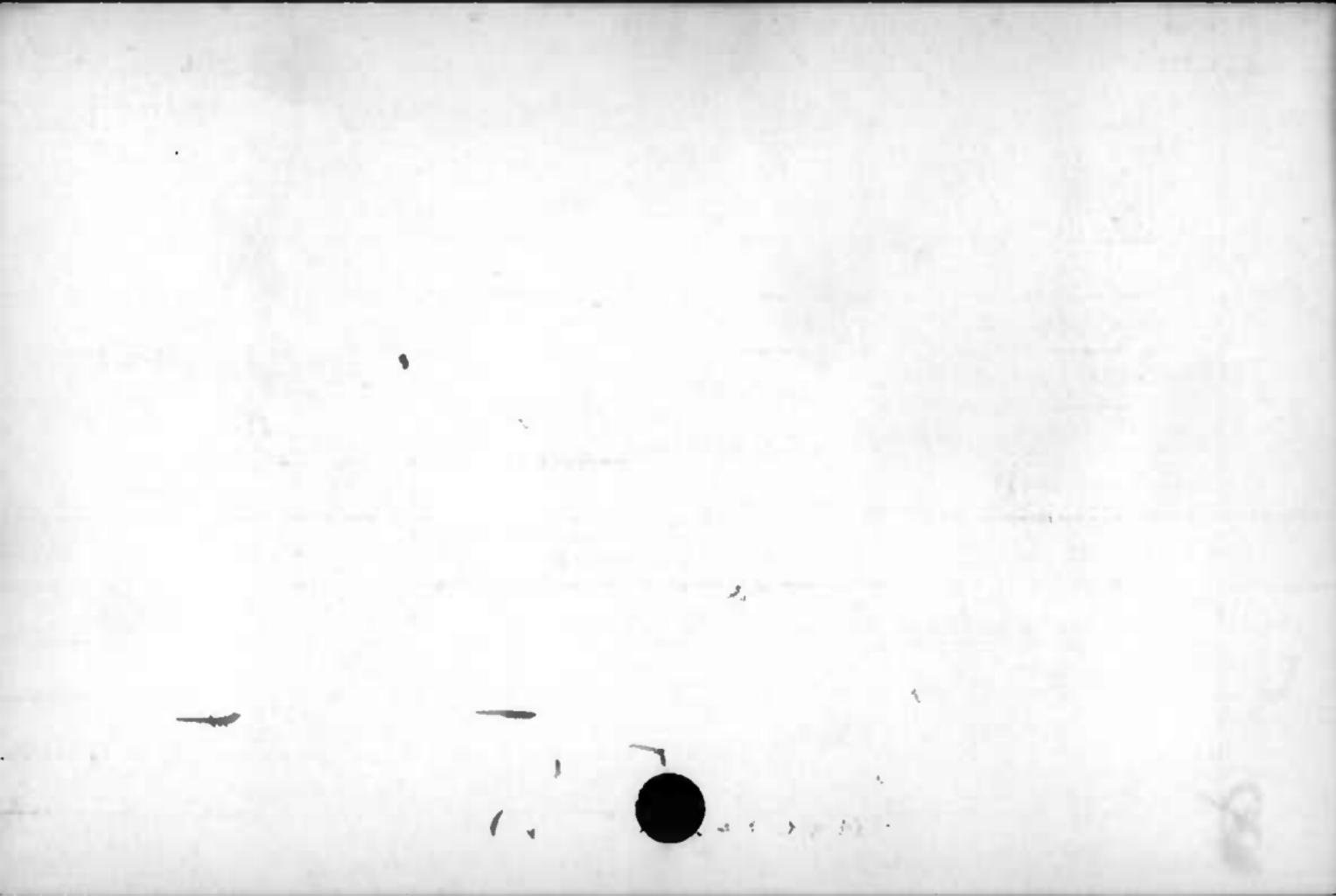
yes

Signature of Physician

Address

Dr. L. Broadhurst
Cumberland
WV

Accident or Suicide?



Name
in
Full

Infant of J. M. Wood.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	
Date of death	Month	Day	Years	Months
1907	Apr	6	Age	Days
Sex	Color or Race	Birth-place		
Female	White	Md'		
Occupation	Where Residing if not at place of death			
Married, Single or Widower	Name of Wife or Husband			
Father's Name	J. M. Wood			
Mother's Maiden Name	Margaret Raddeu			
Name of person giving information				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Fracture of skull

How long

151

3 mo

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

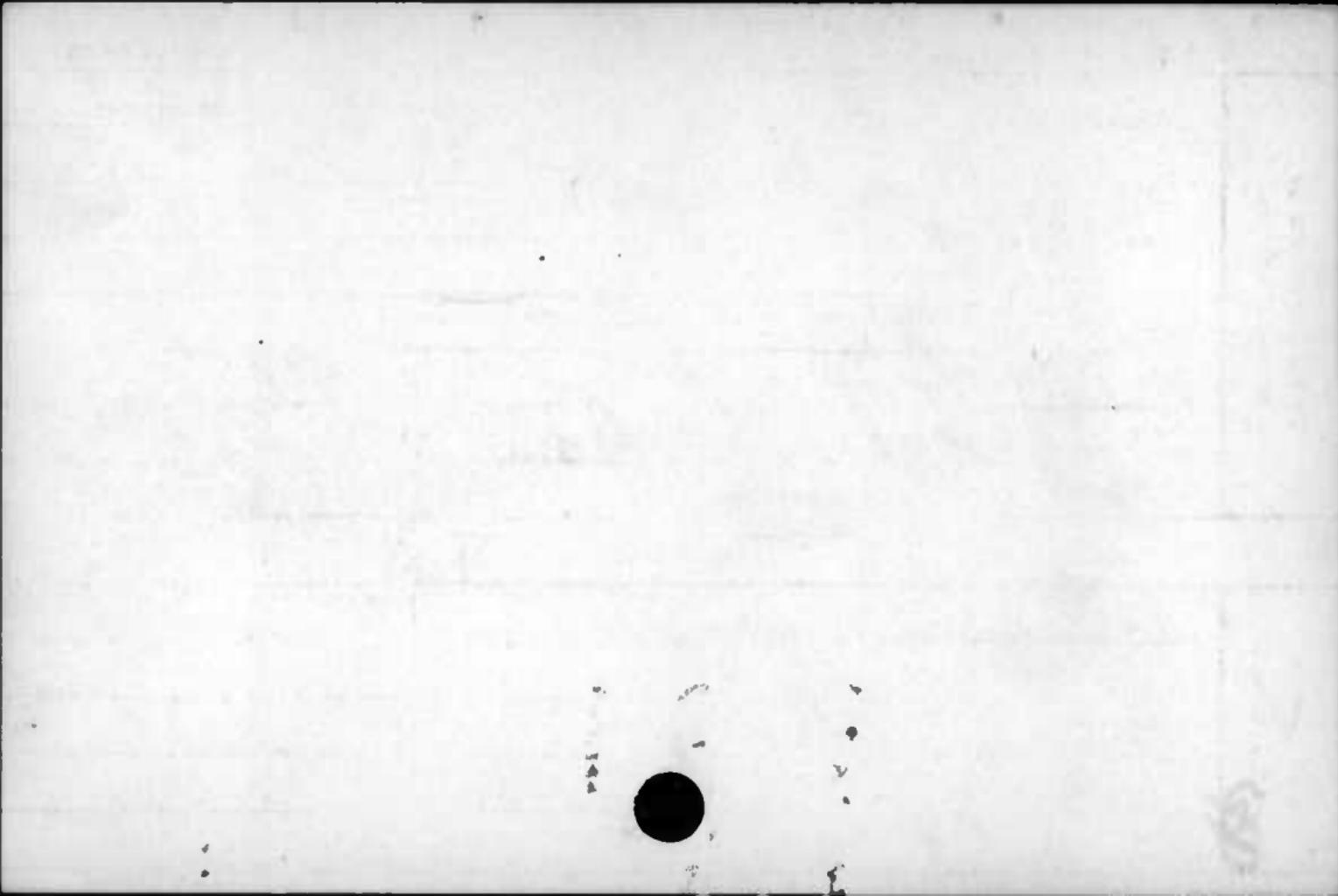
Signature of Physician

Address

J. M. Wood
Ambulance
Md

S

Accident or Suicide



Name
in
Full

Infant ch of J. M. Wood

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Kensington		County Allegany		MARYLAND	
Deceased	Month Apr	Day 6	Years —	Months —	Days —
Date of death 1907	Sex Female	Color or Race W	Age —	Birth- place Md	
Occupation —	Where Residing if not at place of death —				
Married, Single or Widowed Widow	Name of Wife or Husband —				
Father's Name J. M. Wood	Father's Birthplace Md				
Mother's Maiden Name Margaret Hayden	Mother's Birthplace Md				
Name of person giving information —	How related to deceased —				

CAUSES OF DEATH

(151)

Primary Cause of death Hypertension	How long 30 Mo
	How long 17
Immediate Cause of death Hypertension	How long 17
Are the name, age, sex, color, date and place correctly given above? Yes	
Signature of Physician H. F. Paragg	Address Kensington
Accident or Suicide? No	

PHYSICIAN
OR CORONER

